FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000072807** (7)

INDEPENDENT LIFESTYLES, INC.

Principal Place of Business

Mailing Address

FILED Feb 13 1997 8:00am Secretary of State



2/0/0-

4430 5TH AVENUE NORTHWEST NAPLES FL 33999		4430 5TH AVENUE NORTHWEST NAPLES FL 34119-1512			
				3. Date Incorporated or Qualified 09/20/1995	3a. Date of Last Report 02/06/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 4430				65-0608967	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 28				6. Election Campaign Financing	\$5.00 May Be
23 Naples FL 28 Zip Country Zip			Country	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees
24 3411		29 30	¬ ´	Florida Statutes	
	9. Name and Address of Current			10. Name and Address of New Rec	jistered Agent
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134 81 Name JAJICE PATRICK 82 Street Address (P.O. Box Number is Not Acceptable) 43 ALMERIA AVENUE 84 City APPLES FL 85 Zip Code 3 Zij Code					
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or proteen name of registered agent and fire if applicable (NOTE Registered Agent signature required when reinstanting) DATE					
12.	OFFICERS AND	. <u> </u>	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE		Change Addition
NAME	PATRICK, JANICE DONNELL L		1.2 NAME		
STREET ADDRESS	4430 5TH AVENUE NORTHWEST	-	1.3 STREET ADDRESS		
CITY - ST - ZIP	NAPLES FL 33999		1.4 CITY-ST-ZIP	Naples FL 341	
TITLE		☐ DELETE	2.1 TITCE	• •	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	2. 4 CITY - ST - ZIP		Change Addition
TITLE NAME			3.1 TITLE		Change Li Authori
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4: CITY-ST-ZIP		
TITLE		DELETE	4.1 THILE		Change Addition
NAME		- -	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		}
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-7IP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	•	
CITY-ST-ZIP	by cortify that the information are "	with this filing does not a wife it	6.4 CITY - ST - ZIP	and in Continue 110 07(0)(1) Finish Continue	+ 6 - 10 - 2 - 20 - 20 - 20 - 20 - 20 - 20
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an attachment with an address.					