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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 26 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600068796 (7)

LIFETIME, INC

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address 1111 LINCOLN ROAD, SUITE 800 1111 LINCOLN ROAD, SUITE 800 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-2451 3. Date Incorporated or Qualified 3a. Date of Last Report 08/19/1996 2. Principal Place of Business 4. FEI Number Mailing Address Applied For 59-3398960 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional YZL 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, ☑ Yes ☐ No 24 30 25 29 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WERNER, MICHAEL B 1111 LINCOLN ROAD, SUITE 800 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33139 83 84 City Zip Code 11. 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. Signatine type dior profed name of registored agent and title if applicable. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) ☐ DELETE Addition TITLE 1.1 TITLE ☐ Change MICHAEL B. WERNER NAME 1.2 NAME IIII LINCOLN ROAD - SUITE 800 STREET ADDRESS 1.3 STREET ADDRESS 33139 MIAMI BEACH CITY-S1-ZIP 1.4 CITY - ST - 7iP DELETE TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - \$1 - 7IP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Addition Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - \$1 - ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST-ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 Biock 12 or Block 13 if changed, or on an attachment with an address.