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. PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000068796 (7)

LIFETIME, INC

FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business Maiting Address 1111 LINCOLN ROAD, SUITE 800 1111 LINCOLN ROAD, SUITE 600 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/19/1996 4. FEI Number 24. Mailing Address 2. Principal Place of Business Applied For 21 59-3398960 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 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 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN/12 13. DELETE 1.1 TITLE TITLE Change WERNER, MICHAEL B 12 NAME NAME 1111 LINCOLN RD STE 800 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 21 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP Change Addition DELETE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP

4. I hereby certify that the information supplied with this filling 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 as suppliemental 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 conformation or this receiper or fusilese empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if phapped of the same legal effect as if made under oath; that I am an officer or director of the conformation is true.

SIGNATURE:

305,538.8558