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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P97000026834 (6) **DOCUMENT** #

TOTAL LIFESTYLE CARE, INC.

Principal Place of Business

Mailing Address

FILED Apr 13 1998 8:00am Secretary of State

18804-N.W.:7 MIAMLEL 920		18804 N.W. 79TH WAY MI AMI FL 33015 -			
		, 2 000/0		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				03/18/1997	
2. Principal Pl	ace of Business	2a. Mailing Address	- 0	4. FEI Number Applied Fo	,
21 3550	b biscagne blvd.	26 3550 bisca	in Bra		_
Suite, Apt.		Suite, Apt. #, etc.	/	5. Certificate of Status Desired S8.75 Additiona	J
	11230/A	27 Jule 5 10	<u>o</u>	Fee Required	
City & State		City & State	EL)	6. Election Campaign Financing \$5.00 May Be	
	ami, h	28 Miami	, <u> </u>	Trust Fund Contribution	
Zip	Country	² φ 33/37 30	Country	8. This corporation owes or has paid the current year Intangible	
24 3 2/3	25 USA		0 034	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent PODDO Will LAM 81 Name C.					
FORNO, TILLIAM				sane	
18804 N.W. 78TH WAY 3.550 BIS Cayne Blue 82 Street Address (P.D. Box Number is Not Acceptable)					
MANIFE 88016 Suite 510 3550 Biscage Blvd					
18804 N.W. 78TH WAY 3.550 Bis Cayne Bld 82 Street Address (P.O. Box Number is Not Acceptable) Suste 5.10 Minmi, Fi 33137 83 Sutte 516					
			84 City //	85 Zip Code	
				11am / FL 33137	
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 again, as both, in the State of Elevida, Such observe was unfavorable by the corporations bested of disorders. I be represent the expensions to be added to the company of the propositions of the property as a property of the property of					
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 6070505, Florida Statutes.					
SIGNATURE 8 / October 1 / 6/28					
	Signature, typed or printed name of registered agent		egistered Agent signature re		_
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	U	☐ DELETE	1.1 TOTLE	Change Add	ition
NAME	PORRO, WILLIAM	a Roman Rud	1.2 NAME		
STREET ADDRESS	10004 N.W. 791H WAY >53	te Sid	1.3 STREET ADDRESS		
CITY-ST-ZIP	10004 N.W. 79TH WAY 355 MIAMI FL 23015	ami, Fe 33/37	1.4 CITY - ST - ZIP		
TITLE	D	DELETE T	2.1 TITLE	☐ Change ☐ Add	ition
NAME	PORRO, MARTHA	o biscayin Bld.	2.2 NAME		
STREET ADORESS	1 8804 N.W. 79TH WA Y <i>つ</i> ჽへぐ	The state of the s	2.3 STREET ADORESS		

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63 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.1 TITLE

14. I 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

CITY-ST-ZIP

TITLE

MIAMI FL 33015

18804 N.W. 79TH WAY

one

□ DELETE

DELETE

108-573-3052

Change

Change

Change

Addition

☐ Addition

Addition

Addition