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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700036335 (2)

LUXURY LIFESTYLE CONNECTION, INC.

FILED Apr 10 1998 8:00am Secretary of State

| 1,000 to 010 to 100 to 100 to 010 to 0

Change

					6/ 1. 4 0/100 1/104 1/10/ 1/10/ 1/10/
Principal Place	e of Business	Mailing Address			
673 BRIDGEW		673 BRIDGEWAY LANE			
NAPLES FL 3	4108	NAPLES FL 34108		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
				04/23/1997	
2. Principal P	lace of Business .	2a, Mailing Address		4. FEI Number	Applied For
21 6/01	PELICAN BAY BIN	26 CIOIRELICA Suite, Apt. W. etc.	w BAYBIUC	59-3447345	Not Applicable
Suite, Apt.	#. etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	# 103	27 # 10	03	5. Certificate of Status Desired	Fee Required
City & State	OPLES FL	City & State 28 ///////////////////////////////////		6. Election Campaign Financing	\$5.00 May Be
		28 NAPLES	7-	Trust Fund Contribution	Added to Fees
Zip	Country	Zip 34/08 3	Country	8. This corporation owes or has paid the co	
24 341			0 03	Personal Property Tax due June 30.	Yes V No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81. Name					
LEE, GINNT				DINNY LEE	
673 BRIDGEWAY LANE 82 Stre			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
NAPLES FL 34108			6/6	1 PELICAN BAY BI	ve
			83	103	
			84 City		85 Zip Code 3 4/0\$
44 5	007.0100	and not acon Final Distance	1/1/1	PLES FI	
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	- Commy	see 4	-6-98		
12.	Signature, typed or pointed name of trigisterio against OFFICERS AND		Registered Agent signature require 13.	pd when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 12
TITLE	D OFFICER DATE	DELETE	1.1 TITLE	ADDITIONAJONANGES TO OFFICENS AT	Change Addition
NAME	LEE, GINNY		1.2 NAME		
STREET ADDRESS	673 BRIDGEWAY LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34108		1.4 City-St-ZiP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	SUPAN, DAVID W		2.2 NAME		
STREET ADDRESS	673 BRIDGEWAY LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34108		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
HAME			3.2 NAME		-
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		

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

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE: DAVID SUPAN DIRECTOR 4/6/98 941-591-3225