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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P970000040546

1. Corporation Name

Dreamlife Corporation

Principal Place of Business

Mailing Address

Palm Beach, FL

c/o John H. Hough
249 Royal Palm Way
#403, Palm Beach, FL 33480

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Palm Beach, FL

26 c/o John Hough
Suite, Apt. #, etc. #403

22 214 Dumbrow Rd

27 249 Royal Palm Way

23 Palm Beach, FL

28 Palm Beach, FL

24 33480

29 33480

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

John H. Hough, Esq.
249 Royal Palm Way
Suite 403
Palm Beach, FL 33480

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 3/9/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President, Treasurer
NAME Yvonna Maria HOROWITZ
STREET ADDRESS 214 Dumbrow Rd
CITY - ST - ZIP Palm Beach, FL 33480

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
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****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
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51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

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NAME
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61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Yvonna Maria HOROWITZ

March 8, 99 561822-9939

CR2E034 (1/7/98)