

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90113 016 ***150.00

DOCUMENT # P97000065205

1. Corporation Name

YOUR LIFE PUBLISHING CORPORATION

Principal Place of Business

621 NW 53RD STREET SUITE 300
BOCA RATON FL 33487

Mailing Address

621 NW 53RD STREET SUITE 300
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1997

4. FEI Number

65-0768795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
-Fee Required-

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 224 Datura Street
Suite, Apt. #, etc.

2a. Mailing Address

26 c/o McGrath & Meyers, P.A.
Suite, Apt. #, etc.

22 Suite #315

City & State

23 West Palm Beach, FL

Zip

24 33401

Country

25 USA

27 5725 Corporate Way, #101

City & State

28 West Palm Beach, FL

Zip

29 33407

Country

30 USA

9. Name and Address of Current Registered Agent

ARNOLD, ROBERT J
621 NW 53RD STREET SUITE 300
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

Arnold, Robert J.

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

224 Datura Street

83

Suite #315

84 City

West Palm Beach

85 Zip Code

FL

33407

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

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME ARNOLD, ROBERT J
STREET ADDRESS 621 NW 53RD STREET SUITE 300
CITY-ST-ZIP BOCA RATON FL 33487

TITLE D ☐ DELETE
NAME HALMOS, PETER
STREET ADDRESS 621 NW 53RD STREET SUITE 300
CITY-ST-ZIP BOCA RATON FL 33487

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Arnold, Robert J.
1.3 STREET ADDRESS 224 Datura Street, Suite #315
1.4 CITY-ST-ZIP West Palm Beach, FL 33401

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Halmos, Peter
2.3 STREET ADDRESS 224 Datura Street, Suite #315
2.4 CITY-ST-ZIP West Palm Beach, FL 33401

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/99

Date

561-833-6300

Daytime Phone #

CR2E034 (11/98)