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

PROFIT CORPORATION **ANNUAL REPORT**

1998

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

TITLE NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000069915 (1) DOCUMENT #

TAKE CHARGE LIFESTYLE MANAGEMENT, INC.

Principal Place of Business Mailing Address 11306 CARROLWOOD DRIVE 11306 CARROLWOOD DRIVE **TAMPA FL 33618** TAMPA FL 33618 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/11/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Applied For same as Same as Not Applicable Suite, Apt. #, etc Suite, Apt. #. etc. \$8.75 Additional Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Ζip 8. This corporation owes or has paid the current year Intangible Αکړ Yes □ No 30 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** ZEGOTA, DOTTIE 11306 CARROLWOOD DRIVE Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33618** 83 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 one of registered appearant to a Papplica OF FIGERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE TITLE 1.1 TITLE NAME ZEGOTA, DOTTIE 1.2 NAME 11306 CARROLWOOD DRIVE 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZiP **TAMPA FL 33618** 14 City-St-7IP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. 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 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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY- ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

DELETE

Change

Change

Change

Addition

☐ Addition

Addition

FILED

May 05 1998 8:00am

Secretary of State