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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 01 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000074762 (0)

STRESS-FREE LIFESTYLES, INC.

VIII LO	F 1155 511 551 1550 1110					
Principal Place	e of Business	Mailing Address				ALL MORITE ROUGH COURT FROM COLOUR FIELD IN DI
192 BEULAH CHURCH ROAD ROUTE 1 BOX 234						
CRESCENT CITY FL 32112 CRESCENT CITY FL 321					· ·	
					DO NOT WRITE	IN THIS SPACE
					3. Date Incorporated or Qualified 08/28/1997	
2. Principal Pl	lace of Business	2a. Mailing Address	s		4. FEI Number	Applied For
21		26			59-346547	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, et	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			S. Certificate of ctates besiled	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country Zp		Count	ry	8. This corporation owes or has pa	
24	25	29	30		Personal Property Tax due June	
44.5	Name and Address of Current	Hegistered Agent		1 Name	10. Name and Address of New Re	Bistelen Waum
	ERILAWYER CHARTERED		ľ	Name		
343 ALMERIA AVENUE			8	2 Street Addr	ress (P.O. Box Number is Not Acceptab	ile)
CORAL GABLES FL 33134						
			ľ	3		
			8	4 City		FL 85 Zip Code
11, Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida	Statutes, the abo	ve-named corp	poration submits this statement for the p	purpose of changing its registered
office or re	egistered agent, or both, in the State om familiar with, and accept the obligations.	of Florida, Such change	was authorized	hy the corporat	tion's board of <b>d</b> irectors. I hereby accep	it the appointment as registered
•	in land with the accept the conge	000000000000000000000000000000000000000	os, rionda olaidi		: :	
SIGNATURE	Signature, typed or printed name of registered agen	d med title d'applicable	(NO1£ Registured A	gent signature requir	red when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	PD	DELE	TE 11 11TLE			Change Addition
NAME	MORRIS, FAYE H		1.2 NAM	Ē		
STREET ADDRESS	192 BEULAH CHURCH ROAD		1.3 S1RE	ET ADDRESS		
CITY-ST-ZIP	CRESCENT CITY FL 32112		1.4 CITY	-ST-ZiP		
TITLE	8TD	DELE	TE 21 TITLE			Change Addition
NAME	Morris, Wesley M III		2.2 NAM	Ē.		
STREET ADDRESS	192 BEULAH CHURCH ROAD		23 STRE	ET ADDRESS		
CITY-ST-ZIP	CRESCENT CITY FL 32112		2 4 C(TY	-ST-ZIP		
TITLE	作作 ~~	. DELE	TE 31 TITLE			Change Addition
NAME	المحرير	•.	3 2 NAM	E		
STREET ADDRESS		₹.	3.3 S1RE	ET ADDRESS		
CITY-ST-ZIP		H.	3 4. CITY	- ST- ZIP		
TITLE		DELE				Change Addition
NAME			4. 2 NAM	IE		ļ
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	- ST- ZIP		
TITLE		☐ DELE				Change Addition
NAME			5.2 NAM			
STREET ADDRESS				ET ADDRESS		j
CITY-ST-ZIP			5.4 CITY			
TITLE		☐ DELE				Change Addition
NAME			6.2 NAM			- —
STREET ADDRESS				ET ADORESS		
CITY-ST-ZIP			6.4 CITY			
0114*30*4IF			0.4 011 1	D1 - A11		

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 or an attachment with an address.