PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000078336

1. Corporation Name

LIFETIME FINANCIAL CORPORATION

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90060 005 ***150.00



Principal Place	e of Business	Mailing A	Mailing Address					11117 6111 1661
13014 NORTH DALE MABRY #129 13014			4 NORTH DALE MABRY #129					
TAMPA FL 33618 TAMPA FL 33618						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						09/08/1997		1
2 Principal Pl	lace of Business	2a. Mailin	n Address			4, FEI Number	T Ap	plied For
<u> </u>	race of Busiliess	26	g Address			59-3472755	<u> </u>	t Applicable
Suite, Apt.	# etc		Apt. #, etc.				\$8.75 A	
22 27			•			5. Certificate of Status Desired	- Fee Re	quired
City & State			City & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	
Zip	Country	Zip		Countr	y	8. This corporation owes the current year Int		
24	25	29	3	0		Personal Property Tax.		□No
	9. Name and Address of Cur	rent Registered	Agent			10. Name and Address of New Registered	Agent	
				81	Name			
CICETTI, ROBERT					Street Add	ress (P.O. Box Number is Not Acceptable)		
13014 NORTH DALE MABRY #129								
TAMPA FL 33618				83	3			ļ
		110	, -	84	City		85 Zip (Code
		CAMA	16E_	1	* 1 .	<u>FL</u>	• -	1
11. Purguan	the provisions of Sections 607.		a = 1 1	, the abov	re-named corp	poration submits this statement for the purpose of	changing its	registered
difige by	egistered agent, or both, in the Sta in familiar with, and accept the ob-	ate of Florida, Suc ligations of Section	on 607.0505, Fle∢ic	norized by la Statute	rine corporati s.	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoi		and the same of th
SIGNATURE	110 40	1 ett	~ Kc		et Ci	CENTI - THE		7
SIGNATORE	Synatore wheel of minted hatne of egistered	agent and title if applicat	Se. (NOTE: R		nt signature fecum	ed when einstaling) DATE		
12.		AND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICERS AN		Addition
TITLE	PD		DELETE	1.1 TITLE	1		Change	
NAME	CICETTI, ROBERT			1.2 NAME		•		}
STREET ADDRESS	13014 NORTH DALE MABRY	Y #129		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33618			1.4 CITY-	ST-ZIP		Channa	☐ Addition
TITLE	ST		DELETE	2.1 TITLE			Change	
NAME .	CLARK, CHARLES			2.2 NAME	1			Ì
STREET ADDRESS	13014 NORTH DALE MABR	Y #129		2.3 STREE	ET ADDRESS		_	
CITY-ST-ZIP	TAMPA FL 33618			2. 4 CITY-	ST-ZIP		Change	Addition
TITLE			DELETE	3.1 TITLE			Change	
NAME				3.2 NAME				
STREET ADDRESS					ET ADDRESS			
CITY-ST-ZIP	<u> </u>			3.4. CITY-	ST-ZIP		Change	Addition
TITLE			DELETE	4.1 TITLE			☐ Cilarige	L. Addition
NAME				4. 2 NAME				ł
STREET ADDRESS					ET ADDRÉSS			ļ
CITY-ST-ZIP			Cherre	4.4 CITY	ST-ZIP		Change	Addition
TITLE			DEFELE	5.1 TITLE 5.2 NAME			C. Change	[]dulon
NAME								1
STREET ADDRESS					ET ADDRESS			1
CITY-ST-ZIP			T DELETE	5.4 CITY-	S1-ZIP		Change	[] Addition
TITLE			☐ DELETE	6.1 TITLE			Change	Addition
NAME				6.2 NAME				}
STREET ADDRESS					ET ADDRESS			
CITY-ST-ZIP				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: