


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000041031		
1. Entity Name TOTAL LIFESTYLE CENTER, INC.		
Principal Place of Business 213 SW 9TH AVE FT. LAUDERDALE, FL 33312		Mailing Address 213 SW 9TH AVE FT. LAUDERDALE, FL 33312
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SAGERHOLM, A D ESQ 504 SW 18TH ST FORT LAUDERDALE, FL 33315		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS STUART, AMY 213 SW 9TH AVE FT. LAUDERDALE, FL 33312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CLARK, MARY E 213 SW 9TH AVE FT. LAUDERDALE, FL 33312	
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3/05/04 <small>Daytime Phone # (954) 462-8028</small>



03052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0835399	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

000000081288
03/08/04-80143-016 150.00

**DO NOT WRITE
IN THIS SPACE**