


FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90209 038 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000068357

1. Corporation Name

LIFESTYLE ASSISTANCE, INC.

Principal Place of Business

**1510 SOUTH CLARK AVENUE
TAMPA FL 33629**

Mailing Address

**1510 SOUTH CLARK AVENUE
TAMPA FL 33629**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1998

4. FEI Number

59-3526855

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐**\$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

2a. Mailing Address

28

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip Country

24

25

Zip Country

29

30

9. Name and Address of Current Registered Agent

**BOBIER, G W
1510 SOUTH CLARK AVENUE
TAMPA FL 33629**

10. Name and Address of New Registered Agent

81 Name

BOBIER, R. L.

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

1510 SOUTH CLARK AVENUE

83

TAMPA FL

84 City

TAMPA

FL

85 Zip Code

33629

11. Pursuant to the provisions of Sections 607.0602 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

Robert L. Bobier

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/99

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	<input checked="" type="checkbox"/> DELETE
NAME	GEORGE W BOBIER	
STREET ADDRESS	1510 S. CLARK	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR - GED.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT L. BOBIER		
1.3 STREET ADDRESS	1510 S. CLARK		
1.4 CITY-ST-ZIP	TAMPA, FL 33629		
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT L. BOBIER		
2.3 STREET ADDRESS	1510 S. CLARK		
2.4 CITY-ST-ZIP	TAMPA, FL 33629		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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:

Robert L. Bobier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

813-281-1177

Daytime Phone #

CR2E034 (1/1/98)