


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90002 008 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000071585 1. Corporation Name LIFESTYLE HOMES OF NAPLES INC.			
Principal Place of Business 3380 29TH AVENUE SW NAPLES FL 34117		Mailing Address 3380 29TH AVENUE SW NAPLES FL 34117	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country			
3. Date Incorporated or Qualified 08/13/1998			
4. FEI Number 65-0378975			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent BEVINS, DAVID 3380 29TH AVENUE SW NAPLES FL 34117		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. D BEVINS, DAVID <input type="checkbox"/> DELETE 3380 29TH AVENUE SW NAPLES FL 34117		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2. D HATLEE, RAYMOND <input checked="" type="checkbox"/> DELETE 7343 CONSTITUTION CIRCLE FT. MYERS FL 33912		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3. <input type="checkbox"/> DELETE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4. <input type="checkbox"/> DELETE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5. <input type="checkbox"/> DELETE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6. <input type="checkbox"/> DELETE		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	1. <input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	2. D Colleen Bevins <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3380 29th Ave S.W. Naples, FL 34117		
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	3. <input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	4. <input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	5. <input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	6. <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.			
SIGNATURE: Colleen Bevins 7-30-99 941-455-4493 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (5/99)