

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90091 048 ***158.75

DOCUMENT # P98000105336

1. Corporation Name
LIFESTYLE ACQUISITION CORP.

Principal Place of Business Mailing Address
C/O TRAVEL SERVICES INTERNATIONAL INC. C/O TRAVEL SERVICES INTERNATIONAL INC.
220 CONGRESS PARK DRIVE 220 CONGRESS PARK DRIVE
DELRAY BEACH FL 33445 DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2100 W. Atlantic Ave. Suite, Apt. #, etc. 22 City & State 23 Delray Beach FL Zip 24 33445 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 12/17/1998 4. FEI Number 05-0882243 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D VALES, JILL M <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P John J. Finn <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	220 CONGRESS PARK DRIVE #300	1.2 NAME	2100 W. Atlantic Avenue
STREET ADDRESS	DELRAY BEACH FL 33445	1.3 STREET ADDRESS	DELRAY BEACH, FL 33445
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D BELL, SUZANNE B <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/V Jill M. Vales <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	220 CONGRESS PARK DRIVE #300	2.2 NAME	220 Congress Park Drive #300
STREET ADDRESS	DELRAY BEACH FL 33445	2.3 STREET ADDRESS	DELRAY BEACH, FL 33445
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V John Delano <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	220 Congress Park Drive #300
STREET ADDRESS		3.3 STREET ADDRESS	DELRAY BEACH, FL 33445
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D/S Suzanne B. Bell <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	220 Congress Park Drive #300
STREET ADDRESS		4.3 STREET ADDRESS	DELRAY BEACH, FL 33445
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V David Shaw <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	2100 W. Atlantic Avenue
STREET ADDRESS		5.3 STREET ADDRESS	DELRAY BEACH, FL 33445
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	V Kathleen Cooper <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	2100 Atlantic Avenue
STREET ADDRESS		6.3 STREET ADDRESS	DELRAY BEACH, FL 33445
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:

Suzanne B. Bell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

201.2106.0800

Daytime Phone #

CR2E034 (1/198)