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

STREET ADDRESS

SIGNATURE:

ingimo bich

CITY - ST - ZIP

FILED Apr 24 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name S25288 (9) LIFETIME SERVICES, INC. Principal Place of Business Mailing Address 8211 W. BROWARD BLVD. **SCOTT ROTHSTEIN** SUITE 420 8211 W. BROWARD BLVD. STE 420 DO NOT WRITE IN THIS SPACE FT. LAUDERDALE FL 33324 PALM BEACH FL 33324 3. Date Incorporated or Qualified 01/16/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For **NOT APPLICABLE** 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing m 23 Trust Fund Contribution Added to Fees 28 Zıp Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ROTHSTEIN, ESQ., SCOTT W 8211 W. BROWARD BLVD., STE. 420 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33324 83 84 City 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 Signature, typied or printed name of registered agent and the if applicable (NOTE Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition D TITLE 1.1 TITLE TARLETON, VIRGINIA NAME 12 NAME CR2E034 205 E. 22ND STREET, APT. 7J STREET ADDRESS 1.3 STREET ADDRESS **NEW YORK NY 10010** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-\$1-ZIP 2. 4 CiTY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition NAME 6 2 NAME

> 6.3 STREET ADDRESS 6.4 City-ST-ZIP

14. Thereby certify that the information supplied with this filling doos 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 rocciver 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 phanged, or on an attachment with an address.

VIRMINA TARLETON

473 8900

4/15/98