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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S32999

(2)

1. Corporation Name

LIFESTYLE EXPLORATIONS, INC.

Principal Place of Business

4551- F MAINLANDS BOULEVARD
PINELLAS PARK FL 34666

Mailing Address

4551- F MAINLANDS BOULEVARD
PINELLAS PARK FL 33782-5636



3. Date Incorporated or Qualified
02/18/1991

3a. Date of Last Report
03/08/1996

2. Principal Place of Business

21 4551 Mainlands Blvd.

Suite, Apt. #, etc.

22 Ste F

City & State

23 Pinellas Park FL

Zip

Country

24 3378-5637 25 Pinellas

2a. Mailing Address

26 4551 Mainlands Blvd.

Suite, Apt. #, etc.

27 Ste F

City & State

28 Pinellas Park FL

Zip

Country

29 33782-5637 30 Pinellas

4. FEI Number

04-3116100

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes No

9. Name and Address of Current Registered Agent

LEE, FRANCIS M.
4551-F MAINLANDS BOULEVARD
PINELLAS PARK FL 34666

10. Name and Address of New Registered Agent

81 Name

Lee, Francis M

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

4551 Mainlands Blvd.

83

Ste F

84 Pinellas Park

FL

85 Zip Code

3378-5637

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

1/18/97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KRUEGER, RICHARD H.
STREET ADDRESS 101 FEDERAL ST STE 1900
CITY-ST-ZIP BOSTON MA 02110

TITLE D
NAME KRUEGER, SHARLA D.
STREET ADDRESS 101 FEDERAL ST STE 1900
CITY-ST-ZIP BOSTON MA

TITLE D
NAME PARKER, JANE
STREET ADDRESS 3722 BLUE LAKE DRIVE
CITY-ST-ZIP SPRING TX

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/97

Date

(617)542-7359

Daytime Phone #

CP2E034 (9/96)