FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

• CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V46286** **(3)**

1. Corporate Name
NICE LIFE, INC.

Principal Place of Business	Mailing Address
12670 NEW BRITTANY BLVD. STE. 101 FT. MYERS FL 33906	12670 NEW BRITTANY BLVD STE. 101 FT. MYERS FL 33906

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/23/1992**
3a. Date of Last Report: **05/31/1994**

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite Apt. # (22) / Suite Apt. # (27)
City & State (23) / City & State (28)
City (24) / County (25) / City (29) / County (30)

4. FEI Number: **65-0342058** ☐ 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. Does corporation owe liability for intangible tax under S. 199.032, Florida Statutes? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROYSTON ROBERT D. JR.
12670 NEW BRITTANY BLVD.
STE. 101
FORT MYERS FL 33906

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 607.1803 and 607.1808, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Y)	
TITLE	DP		☐ Change ☐ Addition
NAME	STOESS, GUNTER		
STREET ADDRESS	1303 HOMESTEAD ROAD		
CITY ST ZIP	LEHIGH ACRES FL		
TITLE	VPST		☐ Change ☐ Addition
NAME	SCHWARZMEIR, WILLIBALD		
STREET ADDRESS	1303 HOMESTEAD ROAD NORTH		
CITY ST ZIP	LEHIGH ACRES FL		
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY ST ZIP			

14. I/We hereby certify that the information supplied with this filing is substantially complete and 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 1, or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Willi Schwarzmeir VP WILLIBALD SCHWARZMEIR 5-1-95 813-314-8989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0321005 CP