

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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90064 030 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # V63634

1. Corporation Name

TIME OF YOUR LIFE ENTERPRISES, INC.

Principal Place of Business

485 STAR DR  
SUITE B  
MELBOURNE FL 32904  
US

Mailing Address

485 STAR DR  
SUITE B  
MELBOURNE FL 32904  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1992

4. FEI Number

59-3136937

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 owes the current year Intangible  
Personal Property Tax.



Yes

No

2. Principal Place of Business

21 485 Star Dr

2a. Mailing Address

26 485 Star Dr

Suite, Apt. #, etc.

22 Suite B

Suite, Apt. #, etc.

27 Suite B

City & State

23 Melbourne FL

City & State

28 Melbourne FL

Zip

24 32904

Country

25 USA

Zip

29 32904

Country

30 USA

9. Name and Address of Current Registered Agent

WILSON, JEFF  
485 STAR DRIVE  
SUITE B  
MELBOURNE FL 32904

10. Name and Address of New Registered Agent

81 Name Jeff Wilson

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

485 Star Dr

83 Suite B

84 City Melbourne

FL

85 Zip Code

32904

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WILSON, DAWN  
1100 JOHN RODES BLVD. #276  
MELBOURNE FL 32934

DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CUDWORTH, MICHAEL  
1100 JOHN RODES BLVD. #276  
MELBOURNE FL 32934

DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
WILSON, JEFFREY D  
1100 JOHN RODES BLVD. #276  
MELBOURNE FL 32934

DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
WILSON, JEFFREY D  
1100 JOHN RODES BLVD.  
MELBOURNE FL 32934

DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
WILSON, JEFFREY D  
1100 JOHN RODES BLVD. #276  
MELBOURNE FL 32934

DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
WILSON, JEFFREY D  
1100 JOHN RODES BLVD. #276  
MELBOURNE FL 32934

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Change  
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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4-27-99

407-254-5623

Date

Daytime Phone #

CR2E034 (11/98)