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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:50

DOCUMENT # **V63704** **(3)**

1. Corporation Name
AFFORDABLE LIFESTYLES, INC

Principal Place of Business	Mailing Address
135 SE 5TH AVE 8 DELRAY BCH FL 33483 US	C/O HUGHES & SILVERS 1141 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1992
3a. Date of Last Report: 07/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26: HELENE REINSCHREIBER

4. FEI Number: 65-0367554 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27: 23338 LA VIDA WAY

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28: BOCA RATON FL

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 / County — 25
Zip — 29: 33433 / County — 30: U.S.A.

8. This corporation has/will, for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SILVERS, ROBERT HENRY
C/O HUGHES & SILVERS
1141 KANE CONCOURSE
BAY HARBOUR ISLANDS FL 33154

10. Name and Address of New Registered Agent

81 Name: HELENE REINSCHREIBER
82 Street Address (P.O. Box Number is Not Acceptable): 23338 LA VIDA WAY
83
84 City: BOCA RATON FL 85 Zip Code: 33433

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: Helene Reinschreiber — DATE: 2/15/95
(Signature, Typed or Printed Name of Registered Agent and Title of Officer) NOTE: Registered Agent signature required when mail-in

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	11 TITLE	☐ Change ☐ Addition
NAME	REINSCHREIBER, HELENE	12 NAME	
STREET ADDRESS	23338 LA VIDA WAY	13 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	WOLFF, JEFF	22 NAME	
STREET ADDRESS	1585 N.E. 169 ST	23 STREET ADDRESS	
CITY ST ZIP	N MIAMI BCH FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: HELENE REINSCHREIBER Helene Reinschreiber 2/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

PRES.

0163088 CP