

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000000302 (8)

1. Corporation Name
LOVING SPACE, INC.



Principal Place of Business: 1557 W. SILVER BEACH ROAD, RIVIERA BEACH FL 33404
Mailing Address: 1557 W. SILVER BEACH ROAD, RIVIERA BEACH FL 33404
NEW: Post Office Box 10862, Riviera Beach, FL 33419

3. Date Incorporated or Qualified: 01/18/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 65-0553323
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

2. Principal Place of Business
21 1557 West Silver Beach Rd.
22 Same as above
23 Riviera Beach, FL 33404
24 33404
25 PALM BCH.
2a. Mailing Address
26 P. O. Box 10862
27 Same as above
28 Riviera Beach, FL
29 33419-0862
30 Palm Bch.

9. Name and Address of Current Registered Agent
DAVIS, BETTY
1557 W. SILVER BEACH ROAD
RIVIERA BEACH FL 33404
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent's signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	DAVIS, BETTY	12 NAME	
STREET ADDRESS	1557 W. SILVER BEACH ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	14 CITY-ST-ZIP	
TITLE	CD	21 TITLE	
NAME	BURKE, MYRTIS	22 NAME	
STREET ADDRESS	618 CLEAR LAKE AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	SD
NAME	JOHNSON, MARGARET	32 NAME	Quience, Lisa
STREET ADDRESS	P.O. BOX 10344 N/A	33 STREET ADDRESS	1400 W. 6th Street/Riviera Bch, FL
CITY-ST-ZIP	RIVIERA BEACH FL 33404	34 CITY-ST-ZIP	33404
TITLE	TD	41 TITLE	
NAME	SWEETING, LUCILLE	42 NAME	
STREET ADDRESS	1549 SILVER BEACH ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	
NAME	RICHARSON, VERNELL	52 NAME	
STREET ADDRESS	1549 W. 33RD STREET	53 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	
NAME	FLINT, KIMBERLY	62 NAME	
STREET ADDRESS	1548 W. 33RD STREET	63 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	64 CITY-ST-ZIP	

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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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 3/26/96 (407) 8630090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)