FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000060244

1. Corporation Name

City & State

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LIV PROPERTIES, INC.			
Principal Place of Business	Mailing Address		
1416 CAMELLIA COURT ST GEORGE ISLAND FL 32328	1416 CAMELLIA COURT ST GEORGE ISLAND FL 32328		
2. Principal Place of Business	2a. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

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City & State

9. Name and Address of Current Registered Agent

Country

MOWREY, TIMOTHY \$ 1416 CAMELLIA COURT

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FILED Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90011 010 ***150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□ No

Not Applicable

DO NOT WRITE IN THIS SPACE

 \Box

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

07/16/1996 4. FEI Number

59-3441801

ST GEORGE ISLAND FL 32328				and the second s			
		83					
		84	City	FL 85 Zip Code			
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	D DELETE	1.1 TITLE		Change Addition			
NAME	MOWREY, TIMOTHY S	1.2 NAME		·			
STREET ADDRESS	1416 CAMELLIA COURT	1.3 STREET A					
CITY-ST-ZIP	ST GEORGE ISLAND FL 32328	1.4 CITY-ST	- ZIP				
TITLE	D DELETE	2.1 TITLE		Change Addition			
NAME	MOWREY, LAURA	2.2 NAME					
STREET ADDRESS	1416 CAMELLIA COURT	2.3 STREET	ADDRESS				
CITY-ST-ZIP	ST GEORGE ISLAND FL 32328	2. 4 CITY- S	r- ZIP				
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition			
NAME		3.2 NAME		•			
STREET ADDRESS		3.3 STREET	ADDRESS				
CITY-ST-ZIP		3.4. CITY-S1	-ZIP				
TITLE	☐ DELETE	4.1 TITLE	-	Change ` Addition			
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET	ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST	-ZIP				
TITLE	☐ DELETE	5.1 TITLE		Change Addition			
NAME		5.2 NAME		*.			
STREET ADDRESS		5.3 STREET	ADDRESS				
CITY-ST-ZIP		5.4 CiTY-ST	-ZIP				
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition			
NAME	,	6.2 NAME					
STREET ADDRESS		6.3 STREET	ADDRESS				
CITY-ST-ZIP		6.4 CITY-ST					
14. I hereby co	ertify that the information supplied with this filing does not qualify for the	e exemptio	n stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information			

Country

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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:

OF SIGNING OFFICER OR DIRECTOR