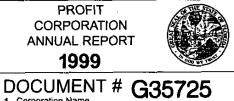
1999

1. Corporation Name



Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 23, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

04-23-1999 90229 026 \*\*\*150.00

LIVINGS	TON DEVELOPERS, INC.							
Principal Place	e of Business	Mailing Address	_				ı mimli minit üsüti dit	114 E1841 B1911 1881
7409 ESTRELLA CIR. 7409 ESTRELLA CIR. BOCA RATON FL 33433 BOCA RATON FL 33433								
						DO NOT WRITE I	THIS SPACE	
						3. Date Incorporated or Qualifed		ļ
						04/26/1983		
2. Principal P	lace of Business	2a. Mailing Address				4, FEI Number		Applied For
21		26				59-2288070		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	·	5 Additional Required
City & State	e	City & State			-	6. Election Campaign Financing	~~~~~~ \$5.C	00 May Be
23	_	28				Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current y		_
24	25 29 30		30			Personal Property Tax.	<b>□</b> Yes	□No
	9. Name and Address of Curren	nt Registered Agent		<u> </u>		10. Name and Address of New Regis	tered Agent	
				81	Name			
KEMPNER, MICHAEL 7409 ESTRELLA CIR.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
BOC	A RATON FL 33433			83				
				84	City		FL	ip Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State m familiar with, and accept the obligation of the state of familiar with and accept the obligation of the state of the sta	Itions of, Section 607,0505, Fi	onga stat	ules,			ATE	
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE		
TITLE	PD	☐ DELETE 1.1 T		TLE	[		Chan	ge Addition
NAME	KEMPNER, MICHAEL	NER, MICHAEL 12N		AME	}			}
STREET ADDRESS			REET	ADDRESS	•		<u> </u>	
CITY-ST-ZIP	BOCA RATON FL			TY-ST	-ZIP			
TITLE	DST DELETE 2.11		TLE			☐ Chan	ge 🗌 Addition	
NAME			2.2 N	AME				ļ
STREET ADDRESS			REET	ADORESS (				
CITY-ST-ZIP			лү-\$1	-ZIP				
TITLE		DELETE 3.1				-	☐ Chan	ge Addition
NAME			3.2 N	AMÉ				
STREET ADDRESS			1		ADDRESS			ļ.
				ITY-ST	1			
CITY-ST-ZIP TITLE		☐ D£LETE	4.1 TI				☐ Chan	ge 🔲 Addition
			4.2 N					į
NAME					ADDRESS	•		
STREET ADDRESS				TY-ST				ļ
CITY-ST-ZIP		☐ DELETE	5.1 TO				. ☐ Chan	ige Addition
ł	İ		5.2 N				. —	
NAME	·				ADDRESS			J
STREET ADDRESS				TY-\$T-				
CITY-ST-ZIP	<u> </u>	☐ DELETE	6.1 Ti		<del>-</del>		☐ Chan	ge Addition
TITLE	1				1		_	

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 changes or on an affectment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE: \*

NAME

STREET ADDRESS

JUCIONATURE REQUIRED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR