


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

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G38820 (8) 1. Corporation Name THE LIVING ROOM, INCORPORATED			
Principal Place of Business C/O LEON MARON 10830 SAN JOSE BLVD. JACKSONVILLE FL 32223-6613		Mailing Address C/O LEON MARON 10830 SAN JOSE BLVD. JACKSONVILLE FL 32223-6613	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
9. Name and Address of Current Registered Agent MARON, LEON 10830 SAN JOSE BLVD. JACKSONVILLE FL 32217		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 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	PD	1.1 TITLE	
NAME	MARON, JEANNE V	1.2 NAME	
STREET ADDRESS	1293 CREEK BEND RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	
NAME	MARON, GLENN HARVEY	2.2 NAME	
STREET ADDRESS	1971 LINA CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA EBACH FL	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	
NAME	MARON, DAVID	3.2 NAME	
STREET ADDRESS	1252 CREEK BEND RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MARON, BERNARD	4.2 NAME	
STREET ADDRESS	11173 BRACH BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	MARON, LEON	5.2 NAME	
STREET ADDRESS	3890 SAN BERNADO DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/18/1983	
4. FEI Number 59-2293410	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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.

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CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Jeanne Maron, Pres. 1/28/98 (904)262-2577

CR2E034 (10/97)