

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

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90085 013 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G38820

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

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 ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

25

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARON, LEON  
10830 SAN JOSE BLVD.  
JACKSONVILLE FL 32217

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 ☐ DELETE  
NAME MARON, JEANNE V  
STREET ADDRESS 1293 CREEK BEND RD  
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME MARON, JEANNE V  
1.3 STREET ADDRESS 1500 SHAKER COVE COURT  
1.4 CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE DST ☐ DELETE  
NAME MARON, GLENN HARVEY  
STREET ADDRESS 1971 LINA CT  
CITY-ST-ZIP FERNANDINA EBACH FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DV ☐ DELETE  
NAME MARON, DAVID  
STREET ADDRESS 1252 CREEK BEND RD  
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME MARON, BERNARD  
STREET ADDRESS 11173 BRACH BLVD  
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME MARON, LEON  
STREET ADDRESS 3890 SAN BERNADO DR.  
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME MARON, LEON  
5.3 STREET ADDRESS 613 IRENE COURT  
5.4 CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

*Glenn Maron*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 13, 1999

904 262 2577

Date

Daytime Phone #

CR12C 14 (1/96)