

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 # N16663

(9)

1. Corporation Name

LIVING HISTORY, INC.



Principal Place of Business

801 NW 57 STREET
FT. LAUDERDALE FL 33309
US

Mailing Address

6191 N.W. 32ND TERRACE
FT. LAUDERDALE FL 33309

2. Principal Place of Business

21 801 N.W. 57 ST.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

23 Ft. Lauderdale FL

28 City & State

28 City & State

24 Zip

24 33309

25 Country

25 U.S.

29 Zip

29 33309

30 Country

30 Country

3. Date Incorporated or Qualified

09/05/1986

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0057599

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RODRIGUEZ, ROBERT M
6191 NW 32 TER
FT. LAUDERDALE FL 33309

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RODRIGUEZ, BOBBY
STREET ADDRESS 6191 N.W. 32 TERRACE
CITY - ST - ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE VD
NAME MICELI ELANINE
STREET ADDRESS 4501 N.E. 21 AVE.
CITY - ST - ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE ST
NAME KIRMAN, RUTH
STREET ADDRESS 3609 NW 57TH ST
CITY - ST - ZIP FT LAUDERDALE FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP ☐ Change ☐ Addition

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

3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME Bobbie Carmona Crichton
3.3 STREET ADDRESS 743 Sand Creek Circle
3.4 CITY - ST - ZIP Ft Lauderdale FL 33327

4.1 TITLE TD ☐ Change ☒ Addition
4.2 NAME Cheryl Zimmerman
4.3 STREET ADDRESS 305-D SE 11th Avenue
4.4 CITY - ST - ZIP Pompano FL 33060

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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: *Robert M. Rodriguez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)