FILE NOW: FILING FEE IS $61.25 Amended

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 OCT 24 PM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~P~~ N160063

1. Corporation Name
LIVING HISTORY, INC.

Principal Place of Business / Mailing Address
801 N.W. 57 ST.
FT. LAUDERDALE, FLORIDA 33309-2826

2. Principal Place of Business	2a. Mailing Address
21 SAME	26 900 S.W. 11th AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 FT. LAUDERDALE, FL.
24 Zip / 25 Country	29 33315 / 30 Country

3. Date Incorporated or Qualified: July 1988
3a. Date of Last Report: 1-17-97
4. FEI Number: 65-0057599 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
ROBERT M. RODRIGUEZ
801 NW 57 ST.
FT. LAUDERDALE, FL 33309-2826

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 ROBERT M. RODRIGUEZ — 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 PRES	PRES ☑ DELETE	1.1 TITLE PRES.	RALPH SANDERS ☐ Change ☑ Addition
NAME	ROBERT M. RODRIGUEZ	1.2 NAME	
STREET ADDRESS	619 NW 32 TERRACE	1.3 STREET ADDRESS	900 S.W. 11TH AVE
CITY-ST-ZIP	FT. LAUD FL 33309	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33315
TITLE V.P.	ELAINE MICELI (V.P.) ☑ DELETE	2.1 TITLE V.P.	BOBBIE CARMONA-CRICHTON ☑ Change ☐ Addition
NAME		2.2 NAME TRES.	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE SEC.	CHERYL ZIMMERMAN ☐ DELETE	3.1 TITLE ~~SEC.~~	~~CHERYL ZIMMERMAN~~ ☐ Change ☐ Addition
NAME	305-D NE 11TH AVE	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL. 33060	3.4 CITY-ST-ZIP	
TITLE TRES.	BOBBIE CARMONA-CRICHTON ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	800002382368--8
STREET ADDRESS	743 SANDCREEK CIRCLE	4.3 STREET ADDRESS	-10/29/97--01054--001
CITY-ST-ZIP	WESTON, FL. 33327	4.4 CITY-ST-ZIP	*****61.25 *****61.25
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-ZIP	

RBR 10/24/97

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Ralph L Sanders — 10/6/97 — (305) 471-5554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RALPH L SANDERS