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Jan 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # *N106063*

1. Corporation Name

LIVING HISTORY, INC.

Principal Place of Business

Mailing Address

*801 NW 57 St.
FORT Lauderdale, FL 33309*

3. Date Incorporated or Qualified

11/16/92

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 *801 NW 57 St.*

26 *SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 *FT. Lauderdale FL*

28

24 Zip

25 *USA*

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Robert M. Rodriguez

801 NW 57 St.

FT. Lauderdale, FL 33309-2826

81 Name *Phyllis Cambria* (D)

82 Street Address (P.O. Box Number is Not Acceptable)

2250 SE SEAGRAPE CIRCLE

83

84 City *COCONUT CREEK*

FL

85 Zip Code *33066*

11. Pursuant to the provisions of Sections 617.0302 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)

Phyllis Cambria
11/17/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *PRESIDENT* ☒ DELETE
NAME *Ralph Sanders*
STREET ADDRESS *900 SW 11 AVE*
CITY-ST-ZIP *FT. Lauderdale, FL 33315*

TITLE *VICE PRESIDENT* ☒ DELETE
NAME *BOBBIE ARMONA - CRICHTON*
STREET ADDRESS *743 SANDCREEK CIR*
CITY-ST-ZIP *WESTON, FL 33327*

TITLE *TREASURER* ☐ DELETE
NAME *CHERYL ZIMMERMAN*
STREET ADDRESS *305-D SE 11 AVE*
CITY-ST-ZIP *POMPANO, FL 33060* (STILL 13 SEPT 97)

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE *PRESIDENT* ☒ Change ☒ Addition
1.2 NAME *PETER TAMBORE* (D)
1.3 STREET ADDRESS *6191 NW 32 TERR*
1.4 CITY-ST-ZIP *FT. Lauderdale, FL 33309*

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

3.1 TITLE *TREASURER* ☒ Change ☒ Addition
3.2 NAME *WILLIAM CASE*
3.3 STREET ADDRESS *2716 NE 30 PLACE*
3.4 CITY-ST-ZIP *FT. Lauderdale, FL 33306*

4.1 TITLE *SECRETARY* (D) ☒ Change ☐ Addition
4.2 NAME *CHERYL ZIMMERMAN*
4.3 STREET ADDRESS *305-D SE 11 AVE*
4.4 CITY-ST-ZIP *POMPANO BEACH, FL 33060* SHE IS ONLY SEC. - NOT TREAS. 12/1/98

5.1 TITLE *DIRECTOR/REG AGENT* ☐ Change ☒ Addition
5.2 NAME *Phyllis Cambria*
5.3 STREET ADDRESS *2250 SEAGRAPE CIRCLE*
5.4 CITY-ST-ZIP *COCONUT CREEK, FL 33066*

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER TAMBORE, PRESIDENT

11/12/98

(954) 776-1642

CR2E037 (10/97)