

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N16663** (9)
1. Corporation Name
LIVING HISTORY, INC.



Principal Place of Business 801 NW 57 STREET FT. LAUDERDALE FL 33309 US	Mailing Address 900 SW 11TH AVENUE FT. LAUDERDALE FL 33315
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3. Date Incorporated or Qualified 09/05/1986	
4. FEI Number 65-0057599	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent RODRIGUEZ, ROBERT M 801 NW 57TH ST FT. LAUDERDALE FL 33309-2826		10. Name and Address of New Registered Agent 81 Name SARAH SPART-MACHIN 82 Street Address (P.O. Box Number is Not Acceptable) 830 SW 11th AVE 83 84 City FT. LAUDERDALE FL 85 Zip Code 33315	
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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 *Sarah Sparta-Machin* (NOTE: Registered Agent signature required when reinstating) DATE **2/10/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, RALPH	1.2 NAME	
STREET ADDRESS	900 SW 11TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	1.4 CITY-ST-ZIP	
TITLE	VTO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMONA-CRICHTON, BOBBIE	2.2 NAME	
STREET ADDRESS	743 SANDCREEK CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33327	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, CHERYL	3.2 NAME	
STREET ADDRESS	305-D SE 11TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, CHERYL	4.2 NAME	
STREET ADDRESS	305-D SE 11TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **2/10/98** **308 471 5554**

CR2E037 (10/97)