FILE NOW: FILING FEE IS $61.25

FILED
Jul 15 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 # N16663

1. Corporation Name

Living History Inc.

Amend

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 11/16/92

4. FEI Number: 65-0057599 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 801 NW 57TH ST.	26 SAME AS # 2
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State: Ft. Lauderdale FL.	28 City & State
24 Zip: 33309 25 Country: USA	29 Zip 30 Country

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name: Cliff Dunn
	82 Street Address (P.O. Box Number is Not Acceptable): 3253 Foxcroft Road, #G317
	83
	84 City: Miramar FL 85 Zip Code: 33025

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: Cliff Dunn Cliff Dunn Chancellor 5/10/98
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	President	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	Ralph Sanders		1.2 NAME	William J. Case IV	
STREET ADDRESS	900 SW 11th Ave.		1.3 STREET ADDRESS	2716 NE 30th Pl. #4	
CITY-ST-ZIP	Ft. Lauderdale, Fl. 33315		1.4 CITY-ST-ZIP	Ft Lauderdale, FL 33306	
TITLE	Vice President	☒ DELETE	2.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	Bobbie Carmona-Crichton		2.2 NAME	Robert Wright	
STREET ADDRESS	743 Sandcreek Cir.		2.3 STREET ADDRESS		
CITY-ST-ZIP	Weston, FL. 33327		2.4 CITY-ST-ZIP	Ft Lauderdale, Fl.	
TITLE		☐ DELETE	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME			3.2 NAME	Cheryl Zimmerman	
STREET ADDRESS			3.3 STREET ADDRESS	305-D SE 11th Ave.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Pompano Beach Fl 33060	
TITLE		☐ DELETE	4.1 TITLE	Director	☒ Change ☐ Addition
NAME			4.2 NAME	Peter Tambone	
STREET ADDRESS			4.3 STREET ADDRESS	6191 NW 32nd Terr.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Ft. Lauderdale Fl 33309	
TITLE		☐ DELETE	5.1 TITLE	Director	☒ Change ☐ Addition
NAME			5.2 NAME	Robert Korhonan	
STREET ADDRESS			5.3 STREET ADDRESS	3909 N. Ocean Blvd, #112	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33308	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	000002589520	
STREET ADDRESS			6.3 STREET ADDRESS	-07/15/98--01011--014	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***70.00	

CR2E037 (10/97)

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: William J. Case IV 5/10/98 (954) 567-9176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #