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NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N95000000705 (2)**

1. Corporation Name

LOUIGIANA LIFESTYLES PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
1509 GERTRUDE DR. BRANDON FL 33511	1509 GERTRUDE DR. BRANDON FL 33511-6436

3. Date Incorporated or Qualified: 02/13/1995
3a. Date of Last Report: 07/10/1996

2. Principal Place of Business
21: 13801 N. FLORIDA AVE
22 Suite, Apt. #, etc.: STE B
23 City & State: TAMPA, FL
24 Zip: 33613
25 Country: USA

2a. Mailing Address
26: P.O. BOX 17431
27 Suite, Apt. #, etc.:
28 City & State: TAMPA FL
29 Zip: 33682
30 Country: USA

4. FEI Number: 59-3293922 ☐ 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

HUMMER, RICHARD
1509 GERTRUDE DR.
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name: HUGENSCHMIDT, ROBERT
82 Street Address (P.O. Box Number Is Not Acceptable): 13801 N. FLORIDA AVE
83: STE B
84 City: TAMPA FL 85 Zip Code: 33613

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 J. Hugenschmidt — 3/6/97
(signature of 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	DV	☒ DELETE	1.1 TITLE	DT	☐ Change ☒ Addition
NAME	DECOU, JERRY		1.2 NAME	KOPACZ, JOSEPH	
STREET ADDRESS	137 ALLENS RIDGE DR. EAST		1.3 STREET ADDRESS	4528 MACEACHEN BLVD	
CITY-ST-ZIP	PALM HARBOR FL 34683		1.4 CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	DT	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	PECK, DEDE		2.2 NAME		
STREET ADDRESS	2400 FEATHER SOUTH DR #1414		2.3 STREET ADDRESS	13792 MARSEILLES CT.	
CITY-ST-ZIP	CLEARWATER FL 34622		2.4 CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE	D	☒ DELETE	3.1 TITLE	D HILDEBRAND, DAVE	☐ Change ☒ Addition
NAME	GREEN, LARRY		3.2 NAME	10921 ANNETTE AVE	
STREET ADDRESS	1711 9TH AVE W		3.3 STREET ADDRESS	TAMPA FL 33612	
CITY-ST-ZIP	BRADENTON FL 34205		3.4 CITY-ST-ZIP		
TITLE	DP	☒ DELETE	4.1 TITLE	D V	☐ Change ☒ Addition
NAME	HUMMER, MARY		4.2 NAME	SYLVESTER, BENNY	
STREET ADDRESS	1509 GERTRUDE DR.		4.3 STREET ADDRESS	PO BOX 447 NIA	
CITY-ST-ZIP	BRANDON FL 33511		4.4 CITY-ST-ZIP	THONOTOSASSA, FL 33592	
TITLE	D	☐ DELETE	5.1 TITLE	D P	☒ Change ☐ Addition
NAME	HUGENSCHMIDT, BOB		5.2 NAME		
STREET ADDRESS	116 W. 109TH AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	SKRNICH, DALE		6.2 NAME	SYLVESTER, EDWINA	
STREET ADDRESS	31177 US HWY 19 N #1517		6.3 STREET ADDRESS	PO BOX 447 NIA	
CITY-ST-ZIP	PALM HARBOR FL 34684		6.4 CITY-ST-ZIP	THONOTOSASSA, FL 33592	

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: Robert J. Hugenschmidt, President — 3/24/97 — (813) 968-1081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0045483

1997 NON PROFIT CORPORATION
ANNUAL REPORT 1997
DOCUMENT # N95000000705 (2)
LOUISIANA LIFESTYLES PRODUCTIONS, INC.
FEI # 59-3293922

ADDITIONAL OFFICERS & DIRECTORS

Title	D
Name	Whitworth, Ellen
Street Address	609 S. Willow St. Apt. A
City-ST-Zip	Tampa, FL 33606

Title	D S
Name	Traycheff, Janine
Street Address	2505 W. Kansas Ave. Apt 7
City-ST-Zip	Tampa, FL 33629

Title	D
Name	Schneider, N
Street Address	4909 Presidential St.
City-ST-Zip	Seffner, FL 33584