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May 14 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 # **N95000000705 (2)**

1. Corporation Name

LOUISIANA LIFESTYLES PRODUCTIONS, INC.



Principal Place of Business	Mailing Address
13801 N. F. LORIDA AVE. B TAMPA FL 33613 US	P.O. BOX 17431 TAMPA FL 33682 US

2. Principal Place of Business	2a. Mailing Address
21 4528 Maceachen Blvd. Suite, Apt. #, etc.	26 4528 Maceachen Blvd Suite, Apt. #, etc.
22 City & State	27 City & State
23 Sarasota, FL	28 Sarasota, FL
24 Zip 34233	25 Country USA
29 Zip 34233	30 Country USA

3. Date Incorporated or Qualified	02/13/1995
4. FEI Number	59-3293922
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 checked="" 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
HUGENSCHMIDT, ROBERT 13801 N. FLORIDA AVE. SUITE B TAMPA FL 33613

10. Name and Address of New Registered Agent
81 Name Joseph Kopacz
82 Street Address (P.O. Box Number is Not Acceptable) 4528 Maceachen Blvd.
83
84 City Sarasota FL 85 Zip Code 34233

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 *Joseph Kopacz* **JOSEPH KOPACZ** 4-16-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	KAPACZ, JOSEPH
STREET ADDRESS	4528 MACEACCHEN BLVD
CITY-ST-ZIP	SARASOTA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PECK, DEDE
STREET ADDRESS	13792 MARSEILLES CT.
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	HILDEBRAND DAVE
STREET ADDRESS	10921 ANNETTE AVE.
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	SYLVESTER, BENNY
STREET ADDRESS	P.O. BOX 447,
CITY-ST-ZIP	THONOTOSASSA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	HUGENSCHMIDT, BOB
STREET ADDRESS	116 W. 109TH AVE.
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	SYLVESTER, EDWINA
STREET ADDRESS	N/A P.O. Box 447
CITY-ST-ZIP	THONOTOSASSA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	vp / dir <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Borisenko, Dave
1.3 STREET ADDRESS	8065 Fawnridge Cir.
1.4 CITY-ST-ZIP	Tampa, FL 33610
2.1 TITLE	sec / dir <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Borisenko, Lynn
2.3 STREET ADDRESS	8065 Fawnridge Cir.
2.4 CITY-ST-ZIP	Tampa, FL 33610
3.1 TITLE	dir <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hildebrand, Peggy
3.3 STREET ADDRESS	10921 Annette Ave.
3.4 CITY-ST-ZIP	Tampa, FL 33612
4.1 TITLE	pres / dir <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sylvester, Benny
4.3 STREET ADDRESS	N/A P.O. Box 447
4.4 CITY-ST-ZIP	Thonotosassa, FL 33592
5.1 TITLE	dir <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Cowan, Barbara
5.3 STREET ADDRESS	N/A P.O. Box 1154
5.4 CITY-ST-ZIP	Seffner, FL 33584
6.1 TITLE	dir <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Handley, Carol
6.3 STREET ADDRESS	17007 Jelba La.
6.4 CITY-ST-ZIP	Lutz, FL 33549

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: *Joseph Kopacz* **JOSEPH KOPACZ** 4/16/98 813-433-1992

CR2E037 (1097)