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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000705

1. Corporation Name

LOUISIANA LIFESTYLES PRODUCTIONS, INC.

Principal Place of Business

4528 MACEACHEN BLVD
B
TAMPA FL 34233
US

Mailing Address

4528 MACEACHEN BLVD
TAMPA FL 34233
US

540220 - 90288 - 38



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/13/1995

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

9. Name and Address of Current Registered Agent

KOPACZ, J
4528 MACEACHEN BLVD
SARASOTA FL 34233

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 TD
NAME KAPACZ, JOSEPH
STREET ADDRESS 4528 MACEACHEN BLVD
CITY-ST-ZIP SARASOTA FL

TITLE SD
NAME BORISENKO, L
STREET ADDRESS 8065 FAWN RIDGE CIR
CITY-ST-ZIP TAMPA FL 33610

TITLE D
NAME HILDEBRAND, P
STREET ADDRESS 10921 ANNETTE AVE
CITY-ST-ZIP TAMPA FL 33612

TITLE DV
NAME SYLVESTER, BENNY
STREET ADDRESS P.O. BOX 447,
CITY-ST-ZIP THONOTOSASSA FL

TITLE DP
NAME HUGENSCHMIDT, BOB
STREET ADDRESS 116 W. 109TH AVE.
CITY-ST-ZIP TAMPA FL

TITLE D
NAME SYLVESTER, EDWINA
STREET ADDRESS P.O. BOX 447
CITY-ST-ZIP THONOTOSASSA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME DECOU, JERRY
1.3 STREET ADDRESS 137 Allens Ridge Dr E.
1.4 CITY-ST-ZIP Palm Harbor, FL 34684

2.1 TITLE D
2.2 NAME Clodfelter, Eliska
2.3 STREET ADDRESS 8538 BRIAR GROVE CIR.
2.4 CITY-ST-ZIP TAMPA, FL 33615

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D P
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D V
5.2 NAME BORISENKO, DAVE
5.3 STREET ADDRESS 8065 FAWN RIDGE CIR.
5.4 CITY-ST-ZIP TAMPA, FL 33610

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/99

366-6646

CR2E037 (11/98)