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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000005072 (0)**

1. Corporation Name
LIVE DESIGNS, INC.



Principal Place of Business

**2269 S UNIVERSITY DR
SUITE 147
DAVIE FL 33324**

Mailing Address

**2269 S UNIVERSITY DR
SUITE 147
DAVIE FL 33324**

3. Date Incorporated or Qualified
01/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **5630 NW 80 Terr.**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **~~5630 NW 80 Terr.~~**

27

City & State

City & State

23 **Parkland, FL**

28

Zip Country

Zip Country

24 **33067**

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAWRENCE A. CAPLAN, P.A.
2424 N FEDERAL HWY
SUITE 400
BOCA RATON FL 33431**

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 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **FALB, WAYNE S**
STREET ADDRESS **5630 NW 80TH TER**
CITY-ST-ZIP **PARKLAND FL**

TITLE **D** ☐ DELETE
NAME **FALB, SALLY A**
STREET ADDRESS **5630 NW 80TH TER**
CITY-ST-ZIP **PARKLAND FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President P** ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **Sec.-Treas. S/T** ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Sally A. Falb** **SALLY A. FALB**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96
Date

954/753-0111
Office Phone #

CR2E034 (12/95)