

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90062 012 ***150.00

DOCUMENT # P95000061994

1. Corporation Name
LIVID, INC.

Principal Place of Business

2300 ALTON RD
MIAMI BCH FL 33140
US

Mailing Address

2300 ALTON RD
MIAMI BCH FL 33140
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1995

4. FEI Number

65-0604979

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 owes the current year intangible
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

21 600 12th Street #9

Suite, Apt. #, etc.

22 Miami Beach, FL

City & State

23 33139 USA

Zip

Country

24

2a. Mailing Address

26 PO Box 423

Suite, Apt. #, etc.

27 Farmington, CT

City & State

28 06034-0423 USA

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BRONSON, PAUL N II
2300 ALTON RD
MIAMI BCH FL 33140

10. Name and Address of New Registered Agent

81 Name Arthur Swann

82 Street Address (P.O. Box Number is Not Acceptable)
600 12th Street #9

83

84 City Miami Beach

FL

85 Zip Code 33139

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Paul Bronson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BRONSON, PAUL N. II

STREET ADDRESS 2300 ALTON RD

CITY-ST-ZIP MIAMI BCH FL

TITLE STD ☐ DELETE

NAME SWANN, ARTHUR

STREET ADDRESS 2300 ALTON RD

CITY-ST-ZIP MIAMI BCH 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE STD ☒ 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 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 607, 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:

Paul Bronson Paul Bronson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

Date

305-532-9538

Daytime Phone #

CR2E034 (11/98)

0007815