

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000073655 (9)

1. Corporation Name

LIVINGSTON GLOBAL, INC.



Principal Place of Business

25 NO. BLACKWATER LANE
KEY LARGO FL 33037

Mailing Address

25 NO. BLACKWATER LANE
KEY LARGO FL 33037

3. Date Incorporated or Qualified
09/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0615012

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUPINO, JAMES S
100360 OVERSEAS HIGHWAY
KEY LARGO FL

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 607.1508, 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

Signature, 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
NAME
D
LIVINGSTON, ROBERT K
25 NO. BLACKWATER LANE
KEY LARGO FL 33037

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

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2.2 NAME
2.3 STREET ADDRESS
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6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY- ST- ZIP

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY- ST- ZIP

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY- ST- ZIP

☐ Change ☐ Addition

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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:

Robert K. Livingston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert K. Livingston

March 11, 1996
Date Daytime Phone #

(305) 451-3629

CR2E034 (12/95)