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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000024150 (0)

1. Corporation Name
LIVERMORE & ASSOCIATES, INC.

Principal Place of Business
2355 NE OCEAN BLVD #20A
STUART FL 34996

Mailing Address
2355 NE OCEAN BLVD #20A
STUART FL 34996-2002



3. Date Incorporated or Qualified
03/14/1996

3a. Date of Last Report

2. Principal Place of Business

21 40 OCEAN AVE

Suite, Apt. #, etc.

22 #4

City & State

23 PALM BEACH SHORES, FL

Zip

24 33404

Country

25 USA

2a. Mailing Address

26 40 OCEAN AVE

Suite, Apt. #, etc.

27 #4

City & State

28 PALM BEACH SHORES, FL

Zip

29 33404

Country

30 USA

4. FEI Number

EIN 65-0663305

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SWEENEY, SUZANNE
2355 NE OCEAN BLVD #20A
STUART FL 34996

10. Name and Address of New Registered Agent

81 Name SWEENEY SUZANNE

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

40 OCEAN AVE, #4

83

84 City PALM BEACH SHORES FL

85 Zip Code

33404

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

TITLE P ☐ DELETE

NAME LIVERMORE, CHAD
STREET ADDRESS 2355 NE OCEAN BLVD #20A
CITY-ST-ZIP STUART FL 34996

TITLE V ☐ DELETE

NAME SWEENEY, SUZANNE
STREET ADDRESS 2355 NE OCEAN BLVD #20A
CITY-ST-ZIP STUART FL 34996

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 ☒ Change ☐ Addition

1.2 NAME LIVERMORE CHAD
1.3 STREET ADDRESS 40 OCEAN AVE, #4
1.4 CITY-ST-ZIP PALM BEACH SHORES, FL 33404

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME SWEENEY SUZANNE
2.3 STREET ADDRESS 40 OCEAN AVE, #4
2.4 CITY-ST-ZIP PALM BEACH SHORES FL 33404

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 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.

SIGNATURE:

CHAD LIVERMORE 4/30/97 561 842 9835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)