

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000024150 (0)**

1. Corporation Name

LIVERMORE & ASSOCIATES, INC.



Principal Place of Business

40 OCEAN AVE.

4

PALM BEACH SHORES FL 33404

US

Mailing Address

40 OCEAN AVE.

4

PALM BEACH SHORES FL 33404

US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 11402 DOLPHIN LANE

Suite, Apt. #, etc.

22

City & State

23 NORTH PALM BEACH, FL

Zip

24 33408

Country

25 US

2a. Mailing Address

26 11402 DOLPHIN LANE

Suite, Apt. #, etc.

27

City & State

28 NORTH PALM BEACH, FL

Zip

29 33408

Country

30 US

3. Date Incorporated or Qualified

03/14/1996

4. FEI Number

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 owes or has paid the current year Intangible
Personal Property Tax due June 30

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SWEENEY, SUZANNE

40 OCEAN AVE.

#4

PALM BEACH SHORES FL 33404

10. Name and Address of New Registered Agent

81 Name CHAD LIVERMORE

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

11402 DOLPHIN LANE

83

84 City NORTH PALM BEACH

FL

85 Zip Code

33408

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

Chad Livermore

PRESIDENT

4/29/98

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LIVERMORE, CHAD	
STREET ADDRESS	40 OCEAN AVE., #4	
CITY-ST-ZIP	PALM BEACH SHORES FL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	SWEENEY, SUZANNE	
STREET ADDRESS	40 OCEAN AVE., #4	
CITY-ST-ZIP	PALM BEACH SHORES FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LIVERMORE, CHAD	
1.3 STREET ADDRESS	11402 DOLPHIN LANE	
1.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	

2.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SUZANNE SWEENEY	
2.3 STREET ADDRESS	11402 DOLPHIN LANE	
2.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Chad Livermore

CHAD LIVERMORE

PRESIDENT

561 691 448

CR2E034 (10/97)