## 5-8-98 B 6804 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$53.00

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT - STATE

Sandra B. Morthn

Secretary of Stat DIVISION OF CORPORIONS

**19**98 DOCUMENT #

P97000056735 (8)

LIVIN	IG FANTASY, INC.	- (-)		* 100(100) THE REAL PROFIT STATE STA	i Dirina dirini kadada inidak dirih kadi
Principal Pla	on of Business	No. of the last of			
Principal Place of Business Mailing Address  7711 VENTURA LN. PARKLAND FL 33067 PARKLAND FL 33067				DO NOT WRITE IN THIS	S SPACE
Ï				3. Date Incorporated or Qualified	5 OF THE
				06/27/1997	
	Place of Business	2a, Mailing Address		4, FEI Number	Applied For
21		26		65-0746458	Not Applicable
Suite, Apt.	·	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stal	te	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	28		Trust Fund Contribution	Added to Fees
24	25	Zip	Country	This corporation owes or has paid the operation of the Personal Property Tax due June 30.	Ves No
[67]	9. Name and Address of Curre	29 3 ont Registered Agent	30]	10. Name and Address of New Registere	
	GOTTUEB, FREDRIC I		81 Name	10.	
551 NW 77TH ST., STE. 211 BOCA RATON FL 33487			82 Street Address (P.O. Box Number is Not Acceptable)		
,	DON HATON FL 3340/		83		
			84 City	F	85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the object.	02 and 607.1508, Florida Statutes e of Florida Such change was	s, the above-named corp ithorized by the corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	<del></del>
SIGNATURE	<u> </u>	·			
12.	Signature, typed or printed name of registered ap OFFICERS AN	NO DIRECTORS	Registered Agont signature require	ed when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP	DELETE	1.1 TOLE	ADDITIONAGE TO CITIONA	☐ Change ☐ Addition
NAME	WEISER, ALAN		1.2 NAME		
STREET ADDRESS	7711 VENTURA LN.		1.3 STREET ADDRESS		
CITY-ST-ZIP	_PARKLAND FL 33067		1.4 CITY-\$1-ZIP		}
TITLE		DELET <b>e</b>	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	•	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		נין מנוננונ	4.1 TITLE		Change
NAME PYDEET 4000500			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		C. pereit	5.2 NAME		c.m.go
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-81-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		<u> </u>
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY ST-ZIP	•	

14. Hereby certify that the information supplied with this filing does not qualify for the exer ofton 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 not make 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

4.29.96

**FILED** 

May 08 1998 8:00am

Secretary of State