

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000001695** ✓
Corporation Name

PETER A. LIVADAS, INC.

Principal Place of Business
10 MEADOW CIRCLE
BOYNTON BEACH FL 33462

Mailing Address
210 MEADOW CIRCLE
BOYNTON BEACH FL 33462

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

09-07-1999 90008 007 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/05/1998			
Principal Place of Business 1605-D LINTON LAKE DRIVE	2a. Mailing Address 1605-D LINTON LAKE DRIVE	4. FEI Number EIN 65-0806616	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State DELRAY BEACH, FL	City & State DELRAY BEACH, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 33445	Country U.S.A.	7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent LIVADAS, PETER A 210 MEADOW CIRCLE BOYNTON BEACH FL 33462		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL
		85. Zip Code	

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.

NATURE		SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. NAME	D	1.1 TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2. ADDRESS	LIVADAS, PETER A	1.2 NAME		1.2 NAME			
3. CITY-STATE-ZIP	210 MEADOW CIRCLE	1.3 STREET ADDRESS		1.3 STREET ADDRESS	1605-D LINTON LAKE DRIVE		
	BOYNTON BEACH FL 33462	1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445		
4. NAME		2.1 TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5. ADDRESS		2.2 NAME		2.2 NAME			
6. CITY-STATE-ZIP		2.3 STREET ADDRESS		2.3 STREET ADDRESS			
		2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP			
7. NAME		3.1 TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
8. ADDRESS		3.2 NAME		3.2 NAME			
9. CITY-STATE-ZIP		3.3 STREET ADDRESS		3.3 STREET ADDRESS			
		3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP			
10. NAME		4.1 TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. ADDRESS		4.2 NAME		4.2 NAME			
12. CITY-STATE-ZIP		4.3 STREET ADDRESS		4.3 STREET ADDRESS			
		4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP			
13. NAME		5.1 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
14. ADDRESS		5.2 NAME		5.2 NAME			
15. CITY-STATE-ZIP		5.3 STREET ADDRESS		5.3 STREET ADDRESS			
		5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP			
16. NAME		6.1 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
17. ADDRESS		6.2 NAME		6.2 NAME			
18. CITY-STATE-ZIP		6.3 STREET ADDRESS		6.3 STREET ADDRESS			
		6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP			

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 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.

NATURE: **PETER A. LIVADAS** 9/1/99-954-270-8480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0081136

CR2E034 (5/99)