02191999-90002-050-\$150.00-\$150.00

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

**PROFIT** - CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000008117

/ LIVE L	ENTERPRISES, INC.								
Principal Place	of Business	Mailing Address			1 19911801 (19 (200) (21)) 4011	II #8411 9844 04.			
6254 POWERS A		6254 POWERS AVE							
#639 #639 JACKSONVILLE FL 32217 JACKSONVILLE FL 32217				DO NOT WRITE IN THIS SPACE					
				3. Date Incorporated or Qualified				}	
l					01/28/1998				
					4. FEI Number	<del> </del>	1	upplied For	}
2. Principal Pla	ice of Business	2a. Mailing Address			59-3487891			ot Applicable	İ
21		26						Additional	
Suite, Apt. #	i, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee F	Required	
22	<u></u>	City & State			8. Election Campaign Financing		\$5.00	) May Be	
City & State		28		Trust Fund Contribution			to Fees		
23	Country	Zip	Country		8. This corporation owes the curre	nt year Inlar	giple		
Zip	25	29 3	ה		Personal Property Tax.		Yes	□No	
24	9. Name and Address of Curren		-1		10. Name and Address of New R	egistered A	gent		1
	5. Hairiy and Had. 655 5. 655 5.		81	Name				i	i
PROV	ÆNCAL, LARRY M		82	Stroot Adds	ress (P.O. Box Number is Not Accepta	ble)			
6254 POWERS AVE				Street Muui	Tess (F.O. Dox Hornes)				
#639			83						
JACKSONVILLE FL 32217				<b>6</b> 4			85 Zip	Code	}
İ			84	City		FL_	1 1		
11 Pursuant to	a the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above	named corp	poration submits this statement for the	purpose of d	nanging it	ts registered	
		A THE SAME OF THE PROPERTY AND ASSESSMENT	nonzed by I		inn's bosm of directors. I hereby accep	r me abboarr	110111 00 1	CZIOCOLOGO.	
office or re	gistered agent, or both, in the State	of Florida, Such Change was add	a Statutes.	ne corporau					•
office or re agent, I an	igistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such Change was additions of, Section 607.0505, Florid	la Slatutes.	ne corporau	poration submits this statement for the ion's board of directors, I hereby accep				
CONTACTOR					ed when reinstaling)	DATE		<del></del>	<b>⊛</b>
SIGNATURE	Signature, byped or printed name of registered age					DATE ICERS AND	DIRECT	ORS IN 12	1/98)
CONTACTOR	Signature, byped or printed name of registered age	nt and title if applicable. (NOTE: R	Agistered Agen		ed when reinstaling)	DATE ICERS AND		ORS IN 12	(11/98)
SIGNATURE 12	Signature, typed or printed name of registered ago: OFFICERS AN PRESIDENT	nt and title if applicable. (NOTE: R	13.		ed when reinstaling)	DATE ICERS AND	DIRECT	ORS IN 12	034 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ago OFFICERS AN PRESIDENT LARRY M. PROVENCAL	nt and title if applicable. (NOTE: R	13.	signature require	ed when reinstaling)	DATE ICERS AND	DIRECT	ORS IN 12	ZE034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ages OFFICERS AN PRESIDENT LARRY M. PROVENCAL \$550 IRON MILL TR.	nt and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME	aignature require	ed when reinstaling)	DATE FICERS AND	DIRECT	ORS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ago OFFICERS AN PRESIDENT LARRY M. PROVENCAL	nt and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET	aignature require	ed when reinstaling)	DATE FICERS AND	DIRECT	ORS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, expand or printed name of registaried ages OFFICERS AN PRESIDENT LARRY M. PROVENCAL \$550 I RON MILL TR. JAX, FL. 32144 V.P.	na and little if applicable. (NOTE: R ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI	aignature require	ed when reinstaling)	DATE FICERS AND	DIRECT	ORS IN 12	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered ages OFFICERS AN PRESIDENT LARRY M. PROVENCAL \$550 I RON MILL TR. JAX, FL. 32244	na and little if applicable. (NOTE: R ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI	ADDRESS	ed when reinstaling)	DATE FICERS AND	DIRECT	ORS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ages OFFICERS AN PRESIDENT LARRY M. PROVENCAL \$550 IRON MILL TR. JAX, FL. 32244 V.P. ALLEM S. PROVENCAL \$616 BANGERA CIR.S.	na and little if applicable. (NOTE: R ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	ADDRESS ADDRESS	ed when reinstaling)	DATE	DIRECT Change	ORS IN 12 Addition	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered ages OFFICERS AN PRESIDENT LARRY M. PROVENCAL \$550 I RON MILL TR. JAX, FL. 32144 V.P. ALLEN S. PROVENCAL	na and little if applicable. (NOTE: R ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS ADDRESS	ed when reinstaling)	DATE	DIRECT	ORS IN 12 Addition	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP	Signature, typed or printed name of registered ages OFFICERS AN PRESIDENT LARRY M. PROVENCAL \$550 IRON MILL TR. JAX, FL. 32244 V.P. ALLEM S. PROVENCAL \$616 BANGERA CIR.S.	n and little if applicable. (NOTE: R  ND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	ADDRESS ADDRESS	ed when reinstaling)	DATE	DIRECT Change	ORS IN 12 Addition	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME	Signature, typed or printed name of registered ages OFFICERS AN PRESIDENT LARRY M. PROVENCAL \$550 IRON MILL TR. JAX, FL. 32244 V.P. ALLEM S. PROVENCAL \$616 BANGERA CIR.S.	n and little if applicable. (NOTE: R  ND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	ADDRESS -ZIP ADDRESS 1-ZIP	ed when reinstaling)	DATE	DIRECT Change	ORS IN 12 Addition	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered ages OFFICERS AN PRESIDENT LARRY M. PROVENCAL \$550 IRON MILL TR. JAX, FL. 32244 V.P. ALLEM S. PROVENCAL \$616 BANGERA CIR.S.	n and little if applicable. (NOTE: R  ND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS	ed when reinstaling)	DATE FICERS AND	DIRECT Change	ORS IN 12  Addition  Addition	CR2E034 (11/98)
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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 cath; 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, with all other like empowered.

6.4 CRY-ST-ZIP

CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIG

(904) 739-5800

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90002 050 \*\*\*150.00