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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000059724

1. Corporation Name
LIVECODE, INC.

Principal Place of Business	Mailing Address
~~275 EAST CENTRAL PARKWAY~~ ~~SUITE 238~~ ~~ALTAMONTE SPRINGS FL 32701-3432~~	~~275 EAST CENTRAL PARKWAY~~ ~~SUITE 238~~ ~~ALTAMONTE SPRINGS FL 32701-3432~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1055 KENSINGTON PARK DR. Suite, Apt. #, etc. 22 SUITE 511 City & State 23 ALTAMONTE SPRINGS FL Zip 24 32714-1985 Country 25 USA	2a. Mailing Address 26 P.O. BOX 160606 Suite, Apt. #, etc. 27 City & State 28 ALTAMONTE SPRINGS FL Zip 29 32716-0606 Country 30 USA

3. Date Incorporated or Qualified: 07/07/1998

4. FEI Number: 59-3519792 ☐ 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 the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~AMERILAWYER~~ ~~343 ALMERIA AVENUE~~ ~~CORAL GABLES FL 33134~~	81 Name: LAMPERT, DAVID M 82 Street Address (P.O. Box Number is Not Acceptable): 1055 KENSINGTON PARK DR. 83 SUITE 511 84 City: ALTAMONTE SPRINGS FL 85 Zip Code: 32714-1985

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: _____ 1999-05-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO ☐ DELETE	1.1 TITLE	PCEO ☒ Change ☐ Addition
NAME	LAMPERT, DAVID M	1.2 NAME	LAMPERT, DAVID M
STREET ADDRESS	275 EAST CENTRAL PARKWAY	1.3 STREET ADDRESS	1055 KENSINGTON PARK DR., SUITE 511
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701-3432	1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714-1985
TITLE	VSTD ☐ DELETE	2.1 TITLE	VSTD ☒ Change ☐ Addition
NAME	LAMPERT, MARLA A	2.2 NAME	LAMPERT, MARLA A
STREET ADDRESS	275 EAST CENTRAL PARKWAY	2.3 STREET ADDRESS	1055 KENSINGTON PARK DR., SUITE 511
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701-3432	2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714-1985
TITLE	D ☐ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	HALO, GIGI J	3.2 NAME	HALO, GIGI J
STREET ADDRESS	275 EAST CENTRAL PARKWAY	3.3 STREET ADDRESS	622 CLEARN CT.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701-3432	3.4 CITY-ST-ZIP	WINTER SPRINGS FL 32708
TITLE	☐ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME		4.2 NAME	LAMPERT, DANIEL M.
STREET ADDRESS		4.3 STREET ADDRESS	622 CLEARN CT.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	WINTER SPRINGS FL 32708
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _____ 1999-04-16 407-265-7633x82
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #