

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).

FILED
Aug 12, 1999 8:00 am
Secretary of State

08-12-1999 90008 016 ***550.00



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

PROFIT CORPORATION ANNUAL REPORT
1999

DOCUMENT # **P98000080826**

1. Corporation Name
THE LIVING HOME, INC.



Principal Place of Business: **305 JEFFERSON AVE STE 4 MIAMI BEACH FL**
 Mailing Address: **305 JEFFERSON AVE STE 4 MIAMI BEACH FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/14/1998**
 4. FEI Number: **65-0890971**
 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: Yes No

2. Principal Place of Business: **21 1602 ALTON Rd. PMB #550 MIAMI BEACH FL**
 2a. Mailing Address: **26 1602 ALTON Rd. PMB #550 MIAMI BEACH, FL**
 23. City & State: **MIAMI BEACH FL**
 24. Zip: **33139** 25. Country: **USA**
 27. Suite, Apt. #, etc.: **PMB #550**
 28. City & State: **MIAMI BEACH, FL**
 29. Zip: **33139** 30. Country: **USA**

9. Name and Address of Current Registered Agent
HEGE, KENNIT R
1602 ALTON ROAD STE 550
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent
 81 Name: **HEGE, KENNIT R.**
 82 Street Address (P.O. Box Number is Not Acceptable): **1602 ALTON Rd. PMB #550**
 84 City: **MIAMI BEACH** FL 85 Zip Code: **33139**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	President
STREET ADDRESS		1.3 STREET ADDRESS	KENNIT R. HEGE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	1602 ALTON Rd. PMB #550
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **X Kennit R. Hege** **08.09.99 305-999-1195**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)