SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -5 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S99943** **(0)**

1. Corporation Name
GRACIOUS LIVING, INC.

Principal Place of Business	Mailing Address
331 RIDGE ROAD JUPITER FL 33477	331 RIDGE ROAD JUPITER FL 33477

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/13/1991**
3a. Date of Last Report: **04/21/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-0205710** ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BASCONE, MARY M.
510 SUNSET WAY
JUNO BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 331 Ridge Road
83
84 City: Jupiter FL 85 Zip Code: 33477

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: Mary M. Bascone — 6/30/95
(Change of registered agent only) (New Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13.		
TITLE	PVT	11 TITLE		☒ Change ☐ Addition
NAME	BASCONE, MARY M.	12 NAME		
STREET ADDRESS	510 SUNSET WAY	13 STREET ADDRESS	331 Ridge Road	
CITY ST ZIP	JUNO BEACH FL	14 CITY ST ZIP	Jupiter FL 33477	
TITLE	VP	21 TITLE	VP	☒ Change ☐ Addition
NAME	OLIPHANT, LAURA A.	22 NAME	Oliphant, Laura	
STREET ADDRESS	33860 CAPULET CIR	23 STREET ADDRESS	262 Hillsdale Way	
CITY ST ZIP	FREMONT CA	24 CITY ST ZIP	Redwood City Calif. 94062	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and 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 13 above, if changed, or on an attachment with an address.

SIGNATURE: Mary M Bascone MARY M. BASCONE 6/30/95 407 745-9037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084401 CP