SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 AUG 27 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V63474** **(3)**

1. Corporation Name
LUVIX, INC.

Principal Place of Business
545 NW GOLDEN GATE BLVD.
NAPLES FL 33964

Mailing Address
545 NW GOLDEN GATE BLVD.
NAPLES FL 33964

3. Date Incorporated or Qualified: **09/10/1992**
3a. Date of Last Report: **05/16/1995**

2. Principal Place of Business
21 2004 Sheffield Ave.
Suite, Apt #, etc 22
City & State 23 Marco Island, FL
Zip 24 34146 Country 25 Collier

2a. Mailing Address
26 P.O. Box 863
Suite, Apt. #, etc 27
City & State 28 Marco Island, Fl
Zip 29 34146 Country 30 Collier

4. FEI Number: **65-0364345** 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**
SACO, JOSE M.
545 NW GOLDEN GATE BLVD.
NAPLES FL 33964

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

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

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	SACO, JOSE M	
STREET ADDRESS	545 NW GOLDEN GATE BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	☐ DELETE
NAME	SACO, YVETTE L	
STREET ADDRESS	545 NW GOLDEN GATE BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	2004 Sheffield Ave.	
1.4 CITY-ST-ZIP	Marco Island, Fl 34146	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	2004 Sheffield Ave	
2.4 CITY-ST-ZIP	Marco Island, Fl 34146	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME	200001975422--3	
3.3 STREET ADDRESS	-10/15/96--01226--004	
3.4 CITY-ST-ZIP	****225.00 ****225.00	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	9-11-96	
6.3 STREET ADDRESS	MWB	
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12.0 Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature], Secretary — 8/24/96 — 941-389-2134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0171311 FP