

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. Morlham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

96 AUG 27 AM 8:52



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
 24 Zip: 34146 Country: 25 Collier
 2a. Mailing Address: 26 P.O. Box 863 Suite, Apt #, etc.
 27 City & State: 28 Marco Island, FL
 29 Zip: 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 D32, 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	<input type="checkbox"/> DELETE
NAME	SACO, JOSE M	
STREET ADDRESS	545 NW GOLDEN GATE BLVD	
CITY - ST - ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SACO, YVETTE L	
STREET ADDRESS	545 NW GOLDEN GATE BLVD	
CITY - ST - ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2004 Sheffield Ave.
1.4 CITY - ST - ZIP	Marco Island, FL 34146
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2004 Sheffield Ave
2.4 CITY - ST - ZIP	Marco Island, FL 34146
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

9-11-96
 MNB

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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Secretary
 Date: 8/24/96 Daytime Phone #: 941-389-2134

CR2E034 (3/96)