FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # V67254

1. Corporation Name
Michele Livaudais, Inc.

Principal Place of Business
679 Wellington Station Blvd. #40
Ormond Beach, FL. 32174

Mailing Address

2. Principal Place of Business
21 679 Wellington Station Blvd
Suite, Apt. #, etc.
22 40
City & State
23 Ormond Bch FL.
Zip
24 32174
Country
25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 10/92
3a. Date of Last Report: 1995
4. FEI Number: 593145196 ☐ 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
Michele Livaudais
679 Wellington Station Blvd #40
Ormond Beach, FL. 32174

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 Michele Livaudais 6/6/96 Beth Spearman
Signature, typed or printed name of registered agent, and the date. (NOT REQUIRED IF BEING FILED ONLINE) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. Michele Livaudais, President 679 Wellington Station Blvd. #40 Ormond Beach, FL. 32174	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP		☐ Change ☐ Addition
2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP		☐ Change ☐ Addition
3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP		☐ Change ☐ Addition
4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP		☐ Change ☐ Addition
5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP	100001888521 -07/05/96--01020--016 ***225.00	☐ Change ☐ Addition
6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP	07-03-96 OK	☐ Change ☐ Addition

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michele Livaudais, Pres. 5/20/96 904/676-1170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #