

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 # **F95000004412 (1)**

1. Corporation Name
LILLIAN CORP.



Principal Place of Business: **33423 A SW 55TH AVE BOCA RATON FL 33486 33423**
Mailing Address: **942 S.W. 5TH STREET 23423 A SW 55TH AVE BOCA RATON FL 33486 33423**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, and Zip/Country.

3. Date Incorporated or Qualified: **09/12/1995**
3a. Date of Last Report: [Blank]
4. FEI Number: **36-2582728**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: **SALZMAN, MARSHALL 942 S.W. 5TH STREET BOCA RATON FL 33486**
10. Name and Address of New Registered Agent (81-85): **81 Name: [Blank] 82 Street Address: 23423 A SW 55TH AVE 83 Boca Raton 84 City: FL 85 Zip Code: 33423**

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] (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	SALZMAN, ROBERT
STREET ADDRESS	141 GERALD ROAD
CITY - ST - ZIP	MILTON MA
TITLE	V <input type="checkbox"/> DELETE
NAME	SALZMAN, JUDITH
STREET ADDRESS	250 N. ARCADIA, #1505
CITY - ST - ZIP	TUCSON AZ
TITLE	S <input type="checkbox"/> DELETE
NAME	EPSTEIN, JILL
STREET ADDRESS	6419 S.W. 46TH PLACE
CITY - ST - ZIP	PORTLAND OR
TITLE	T <input type="checkbox"/> DELETE
NAME	SALZMAN, KENNETH
STREET ADDRESS	1531 W. IONIA
CITY - ST - ZIP	LANSING MI
TITLE	CD <input type="checkbox"/> DELETE
NAME	SALZMAN, MARSHALL
STREET ADDRESS	942 S.W. 5TH STREET
CITY - ST - ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	23423 A SW 55TH AVE
5.4 CITY - ST - ZIP	BOCA RATON FL 33423
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 a 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 attached form with an address.

SIGNATURE: [Signature] DATE: **4/25/96**

CR2E034 (12/95)