

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 20 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P97000075155 (6)
 1. Corporation Name
LISHE II, INC.



| | |
|--|--|
| Principal Place of Business 10499 N.W. 2ND STREET CORAL SPRINGS FL 33071 | Mailing Address 10499 N.W. 2ND STREET CORAL SPRINGS FL 33071 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 21 1474 Coral Ridge Dr Suite, Apt. #, etc | 2a. Mailing Address 26 1474 Coral Ridge Dr Suite, Apt. #, etc. |
| 22 City & State 23 Coral Springs FL Zip Country | 27 City & State 28 Coral Springs FL Zip Country |
| 24 33071 | 25 Browns |
| 29 FL | 30 Browns |

| | |
|--|--|
| 3. Date Incorporated or Qualified 08/28/1997 | |
| 4. FEI Number 05-0781229 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
FINKEL, SHELDON
10499 N.W. 2ND STREET
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

| | | |
|---|-----------------------|-----------------------------|
| 81 Name FINKEL, Sheldon | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 1474 Coral Ridge Dr | | |
| 83 | | |
| 84 City Coral Springs | 85 State FL | 86 Zip Code 33071 |

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]* DATE: **4/29/98**

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

12. OFFICERS AND DIRECTORS

| | |
|--|---------------------------------|
| TITLE PRESIDENT | <input type="checkbox"/> DELETE |
| NAME hinda FINKEL | |
| STREET ADDRESS 1474 Coral Ridge Dr | |
| CITY-ST-ZIP Coral Springs FL 33071 | |
| TITLE Secy, Treas | <input type="checkbox"/> DELETE |
| NAME Sheldon Finkel | |
| STREET ADDRESS 1474 Coral Ridge Dr | |
| CITY-ST-ZIP Coral Springs FL 33071 | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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 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 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 | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* **Treas (Sheldon Finkel)** **4/29/98**

CR2E034 (10/97)