

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

**FILED**  
**May 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000075155 (6)**  
 1. Corporation Name  
**LISHE II, INC.**



Principal Place of Business <b>10499 N.W. 2ND STREET CORAL SPRINGS FL 33071</b>	Mailing Address <b>10499 N.W. 2ND STREET CORAL SPRINGS FL 33071</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>08/28/1997</b>	4. FEI Number <b>05-0781229</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
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 <b>FINKEL, Sheldon</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1474 Coral Ridge Dr</b>
83
84 City <b>Coral Springs</b>
85 State <b>FL</b>
86 Zip Code <b>33071</b>

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