

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 AM 11:59

DOCUMENT # **379520** (0)

1. Corporation Name
LISI, INC.

Principal Place of Business: **1746 CLEVELAND ROAD MIAMI BEACH FL 33141**
Mailing Address: **1746 CLEVELAND ROAD MIAMI BEACH FL 33141**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (Domestic) **03/29/1971** 3a. Date of Last Report **02/15/1994**

4. F.I.T. Number **59-1392521** 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

2. Principal Place of Business: 2a. Mailing Address

21. State, Apt. #, etc. 25. State, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DRUCKER, DAVID
605 LINCOLN RD
MIAMI BEACH FL**

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 - Applicable)

NOTE: Registered Agent signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PD**
NAME: **BRINBERG, ELIAS**
STREET ADDRESS: **1746 CLEVELAND RD**
CITY, ST, ZIP: **MIAMI BEACH FL**

1. TITLE Change Addition
12. NAME
13. STREET ADDRESS
14. CITY - ST - ZIP

TITLE: **VD**
NAME: **LIBHABER, LILLIAN**
STREET ADDRESS: **1746 CLEVELAND RD**
CITY, ST, ZIP: **MIAMI BEACH FL**

21. TITLE Change Addition
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

TITLE: **SD**
NAME: **BRINBERG, ZELDA**
STREET ADDRESS: **1746 CLEVELAND RD**
CITY, ST, ZIP: **MIAMI BCH, FL 00000**

31. TITLE Change Addition
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

TITLE: **TD**
NAME: **BRINBERG, ZELDA**
STREET ADDRESS: **1746 CLEVELAND RD**
CITY, ST, ZIP: **MIAMI BCH, FL 00000**

41. TITLE Change Addition
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

51. TITLE Change Addition
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

61. TITLE Change Addition
62. NAME
63. STREET ADDRESS
64. CITY - ST - ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is equally for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information made available on this annual report or supplemental annual report is true and accurate and that my signature shall serve the same legal effect as if made in person. I will file an affidavit of the accuracy of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing as required, or as an attachment, with an address.

SIGNATURE: *[Signature]*
NAME AND TITLE OR POSITION OF REGISTERED AGENT OR DIRECTOR

Title: _____ Date: _____