

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

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Mar 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 498095
1. Corporation Name

LIZA DANIELLE INCORPORATED

Principal Place of Business: 2100 WEST ATLANTIC AVE DELRAY BEACH FLORIDA 33445
Mailing Address: 2100 W. ATLANTIC AVE DELRAY BEACH FL 33445

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	03/04/76	
22	27	4. FEI Number	Applied For
23	28	59-1656461	Not Applicable
24	29	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30		\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
		7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RASKIN MONTE
2100 WEST ATLANTIC AVE
DELRAY BEACH FL 33445

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 for the corporation except for the portion of Section 607.05, Florida Statutes.

SIGNATURE: *Monte Raskin* DATE: 2/27/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T D	SCHWARTZ L. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRET <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		1.2 NAME	RASKIN, ANDREW
		1.3 STREET ADDRESS	2100 W. ATLANTIC AVE
		1.4 CITY-ST-ZIP	DELRAY BEACH FL 33445
VD	RASKIN HERBERT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		2.2 NAME	EMIN, KAREN
		2.3 STREET ADDRESS	2100 W. ATLANTIC AVE
		2.4 CITY-ST-ZIP	DELRAY BEACH FL 33445
SD	SCHWARTZ E <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		3.2 NAME	HORWITZ, JANE
		3.3 STREET ADDRESS	2100 W ATLANTIC AVE
		3.4 CITY-ST-ZIP	DELRAY BEACH FL 33445
TD	RASKIN BUTTY <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
D	RASKIN MONTE <input type="checkbox"/> DELETE	5.1 TITLE	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	900002104709
		6.3 STREET ADDRESS	-03/05/97--01015--025
		6.4 CITY-ST-ZIP	***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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 registered agent, empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 if applicable, of this attachment with an address.

SIGNATURE: *Monte Raskin* DATE: 2/27/97

CR2E034 (9/96)