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Secretary of State

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CORPORATION ANNUAL REPORT 1999
Katherine Harris Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 498095
1. Corporation Name
LISA DANIELE INCORPORATED

Principal Place of Business Mailing Address
2100 W ATLANTIC AVE Same
Delray Beach FL 33445

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 03/04/1976
4. FEI Number 59-1656461 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
7. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
Raskin Monte
RASKIN, MONTE
2907 SW 21 TERR #B2
DELRAY BEACH, FL 33445

10. Name and Address of New Registered Agent
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 fee if applicable. (NOTE: Registered Agent signature required when remaining) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	RASKIN Andrew	
STREET ADDRESS	2100 W ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VP	DELETE
NAME	EMIN MARION	
STREET ADDRESS	2100 W ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VP	DELETE
NAME	ADAMTS JANE	
STREET ADDRESS	2100 W ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	SP	DELETE
NAME	RASKIN Monte	
STREET ADDRESS	2100 W ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	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)(i), 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 caller 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, with all other as empowered.

SIGNATURE: [Signature] DATE: 4/15/99

CR2E034 (11/98)