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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:44

DOCUMENT # L69916 (9)

1. Corporation Name
LISA WOLFF, INC.

Principal Place of Business	Mailing Address
%LISA D. WOLFF 1481 S. OCEAN BLVD. #329 POMPANO BEACH FL 33062	%LISA D. WOLFF 1481 S. OCEAN BLVD. #329 POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1990
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business	2a. Mailing Address
21 3700 GALT OCEAN DR.	26 3700 GALT OCEAN DR.
Suite, Apt. #, etc. 22 #707	Suite, Apt. #, etc. 27 #707
City & State 23 Ft. LAUDERDALE, FL	City & State 28 Ft. LAUDERDALE, FL
Zip 24 33308 Country 25 USA	Zip 29 33308 Country 30 USA

4. FEI Number: 59-3006999 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOLFF, LISA D. 1481 S. OCEAN BLVD. #329 POMPANO BEACH FL 33062	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: Lisa D. Wolff LISA D. WOLFF 2/9/95
(If changing Registered Agent, Signature of new Registered Agent required) (NOTE: New Registered Agent's signature required when petition is filed) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME WOLFF, LISA D. STREET ADDRESS 1481 S. OCEAN BLVD. #329 CITY-ST-ZIP POMPANO BEACH FL	11 TITLE D ☒ Change ☐ Addition 12 NAME LISA D. WOLFF JOHNSON 13 STREET ADDRESS 3700 GALT OCEAN DR. #707 14 CITY-ST-ZIP Ft. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 declare to the best of my knowledge and belief, that the information supplied with this report is voluntarily furnished and does not qualify for the exemptions 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 the corporation 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 above, or on an attachment with an address.

SIGNATURE: Lisa D. Wolff LISA D. WOLFF 2/9/95 305-491-8996
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Daytime Phone #

0104610 CR