

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90008 001 \*\*\*150.00

0120792

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # L72083

1. Corporation Name  
**LISA'S PLACE, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: % LISA SPAGNOLI, 2080 RINGLING BLVD, SARASOTA FL 34237  
 Mailing Address: 12314 TOMANET TRAIL, AUSTIN TX 78758, US

3. Date Incorporated or Qualified: 05/08/1990

4. FEI Number: 65-0189672 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 owes the current year Intangible Personal Property:  Yes  No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent: SPAGNOLI, LISA, 2080 RINGLING BLVD, SARASOTA FL 34237

10. Name and Address of New Registered Agent (81) Name (82) Street Address (83) (84) City (85) Zip Code: FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPAGNOLI, LISA	1.2 NAME	
STREET ADDRESS	2080 RINGLING BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *Lisa Spagnoli* LISA SPAGNOLI, Pres. 7-2-99 (572) 339-2123

CRZE034 (5/99)

L72083  
599589-90008-1

July 2, 1999  
Division of Corporations  
Annual Reports Filing  
PO BOX 1500  
Tallahassee, Florida 32302-1500

Lisa's Place, Inc.  
C/o Lisa Spagnoli  
2080 Ringling Blvd # 102  
Sarasota, Florida 34237

Mailing Address:  
Lisa Spagnoli  
1234 Tomanet Trail  
Austin, Texas 78758  
(512) 339-2123

To Whom It May Concern:

Enclosed is another check for the amount of \$150.00, for my annual filing fee, and copy of my check stubs back in April of 1999, in regards to this owed amount. As you can clearly see, I did write out a check prior to deadline date, May 1, 1999, as I have always demonstrated in the past.

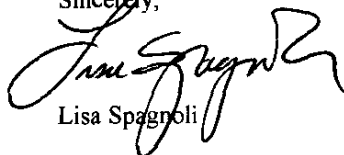
I have been filing with you since May of 1990, and have always been responsible on sending this fee in a timely manner. I called Nation's Bank today and they said this check among 2 others had not been cleared, thus far. I am speculating that all checks I mailed that day must have been lost or misplaced.

Please accept this payment today of \$150.00 so that it may be applied properly to my corporate filing fee without a penalty. If you need to contact my bank, you may call them at 1 800-299-2265, option 2.

I have been advised to write this cover letter to you by a representative named Janice, whom I spoke with earlier today.

Thank you for your time and consideration with me in regards to my frustrating situation I have accidentally incurred. If you have any questions, you may contact me at the mailing address noted above.

Sincerely,

  
Lisa Spagnoli