

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Barbara B. Northam
Secretary of State
Tallahassee, Florida 32399-0001

**APPROVED
AND
FILED**

95 MAY -1 AM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000010104 (7)

1. Corporation Name:

LISA C. LANDSMAN, ESQUIRE, P.A.

(You must write in this space)

Principal Place of Business		Mailing Address		3. Date first organized in State		3a. Date of last Report	
4001 S. OCEAN DRIVE SUITE PENTHOUSE 11 HOLLYWOOD FL 33019		4001 S. OCEAN DRIVE SUITE PENTHOUSE 11 HOLLYWOOD FL 33019		12/07/1992		05/01/1994	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applies For	
21		26		65-0452401		Not Applicable	
22. State App. #		27. State App. #		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24. Zip		25. Zip		29. Zip		30. Zip	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**LANDSMAN, LISA C
4001 S. OCEAN DRIVE
SUITE PENTHOUSE 11
HOLLYWOOD FL 33019**

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

11. Pursuant to the provisions of Sections 607.01, 607.02 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as permitted by the State of Florida. Such change was authorized by the corporation's Board of Directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Sections 607.01, Florida Statutes.

SIGNATURE:

(Print Name of Registered Agent or New Registered Agent)

(Print Name and Address of Registered Agent or New Registered Agent)

(Print)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CORPORATE OFFICERS AND DIRECTORS	
1. NAME	D LANDSMAN, LISA C	1. NAME	
2. STREET ADDRESS	4001 S. OCEAN DRIVE, SUITE PENTHOUSE 11	2. STREET ADDRESS	
3. CITY	HOLLYWOOD FL 33019	3. CITY	
4. NAME		4. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY		6. CITY	
7. NAME		7. NAME	
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY		9. CITY	
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY		12. CITY	
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY		15. CITY	
16. NAME		16. NAME	
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY		18. CITY	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.10(1)(b), 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 on the oath that I am an officer or director of this corporation or the person or persons empowered to make this report as required by Chapter 190, Florida Statutes, and that my name appears on Block 12 or Block 13 of this document as an officer or director with an address.

SIGNATURE:

Lisa C. Landsman
SIGNATURE AND TYPE OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR

Director

(205) 891-5558
Tallahassee, Florida