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

CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P94000093558 (2)

LISA KRASNOFF, P.A.

Principal Place o	of Business	Mailing Address		£ 10011000 HO 10111 01011 00111 0011	(2011) 86118 (6186 1112) 21181 61151 1811 1821
1985 S. OCEAN DRIVE HALLANDALE FL 33009		1985 S. OCEAN DRIVE HALLANDALE FL 33009			
				3. Date Incorporated or Qualified	3a. Date of Last Report
i 				12/28/1994	03/16/1995
2. Principal Plac		2a. Mailing Address	m cl	4. FEI Number	Applied For
21 446 5	SE 14th St.	26 446 SE 14th St		65-0549418	Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	u FL	City & State Pania Pa		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Addled to Fees
2φ 24] 3300	Country	Z _I p	Country 30 USH	8. This corporation has liability for in Florida Statutes Yes	angloie tax under s. 199.032, No
<u> </u>	g Name and Address of Currer		<u> </u>	10. Name and Address of New R	egistered Agent
			81 Name		
KRASNI	OFF, LISA		82 Street Ad	rrss (P.O. Box Number is Not Acceptable	e)
1985 S. OCEAN DRIVE			12 00049	G 38 14TH	-,
	NDALE FL 33009		83		
, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			84 City	1	85 Zip Code
			, i	ANIA FV 23004	
11. Pursuant to	the provisions of Sections 607.050	and 607.1508, Florida Statutes	the above-named corp	oration submits this statement for the pur	pose of changing its registered office
or registere familiar with	id agent, or poin, in the state of rion is and accept the obligations of, Sec	tion 607 0585 Florida Statutes.	by the corporation's bo	and of directors. I hereby accept the appoint	1
SIGNATURE					V11319U
``. 	alphinine typ+d or printed nagratic registered agen	DESTRUCTORS (NOTE	Registered Agent signature requ	red when reinstating) ADDITIONS/CHANGES TO OFFI	CERC AND DIRECTORS IN 12
12.		DELETE	13.	ADDITIONS/GHANGES TO OFFI	Change Addition
NAME	D CONOCE LICA		1.2 NAME	KMSNOFF, LISA	
	Krasnoff, Lisa 1985 S. Ocean Drive		1.3 STREET ADDRESS	LIJE SE HAK ST	
STREET ADDRESS	HALLANDALE FL 33009		1.4 CITY-ST-ZIP	DENIA EL 22004	,
COLY - S1 - ZIP TITLE	TIALLANDALL TE 33009	DELETE	2 1 TITLE	<u> </u>	☐ Change : ☐ Addition
NAME			2.2 NAME		
STREET AUDRESS			2 3 STREET ADDRESS		
City-S'-7P			2 4 CITY - ST - ZIP		
11'LF		DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STHEFT ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4 CITY - ST - ZIP		
TIFLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - S1 - ZIF			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change 🔲 Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplied and annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information of the corporation or the receive or true do empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 19 or an attachment with an address. CITY - ST-ZIP

5 1 TITLE 5.2 NAME

6 1 TITLE

6.2 NAME

53 STREET ADDRESS

6.3 STREET ADORESS

6 4 CITY - ST - ZIP

5 4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

1016

NAMÉ

STHEET ADDRESS

STREET ADOPESS

011Y - S1 - 7P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Daytime Phone #

Change

Addition