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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthanii Secretary of State

DIVISION OF CORPORATIONS

1996

## P95000053531 (6) DOCUMENT # 1. Corporation Name

LILLIAN HOROWITZ, INC.



rincipal Place o		Maining Address					
6765-D MONTE BOCA RATON	EGO BAY BLVD FL 33433	6765-D MONTEGO BOCA RATON FL					
					<ol> <li>Date Incorporated or Qualified 07/04/1995</li> </ol>	3a. Date of Last Report	
, Principal Plac	e of Business	2a. Mailing Address			4. FFI Number	Applied For	
		26			65-0598160	Not Applicat	
Suite, Apt. #,	etc.	Suite, Apt. #, etc	:.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Ζιρ 29	Goun'	try	8. This corporation has liability for Florida Statutes  Yes	ntangible tax under s 199.032, No	
	g. Name and Address of Curr				10. Name and Address of New F	egistered Agent	
			8	81 Name			
ROSENMAN, LARRY C , 9927 ROBIN'S NEST RD			ī	B2 Street Add	dress (P.O. Box Number is Not Acceptable)		
, 9927 RU BOCA R/	BIN'S NEST RU ATON FL 33496		1	83			
•				B4 City	pration submits this statement for the pu	FL 85 Zip Code	
or registere familiar with	id agent, or both, in the State of Hin, and accept the obligations of States are typed or proted rather of registeric to	orida: Such change was aut ection 607.0505, Florida Sta	norized by the co tutes	orporation's boa Agent signature regum	ard or directors. Thereby accept the app	OATE	
· · · · · · · · · · · · · · · · · · ·		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
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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 convoration 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 of on an attachment with an address.

SIGNATURE:

SIGNATURE AND PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR