

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000015715 (1)

1. Corporation Name

LISA ENTERPRISES, INC.

Principal Place of Business

2892 WEST BAY DRIVE  
BELLEAIR BLUFFS FL 34640-2620

Mailing Address

2892 WEST BAY DRIVE  
BELLEAIR BLUFFS FL 33770-2620

FILED  
Apr 25 1997 8:00am  
Secretary of State



2. Principal Place of Business

21

2a. Mailing Address

Suite, Apt. #, etc.

22

26

Suite, Apt. #, etc.

City & State

23

27

City & State

Zip

24

28

Zip

Country

25

29

Country

26

30

9. Name and Address of Current Registered Agent

MATUSKA, WANDA  
450 HARBOR DRIVE NORTH  
INDIAN ROCKS BEACH FL 34635

3. Date Incorporated or Qualified  
02/19/1986

3a. Date of Last Report

4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Election Campaign Financing  \$5.00 May Be  
Trust Fund Contribution  Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

11

Name

12

Street Address (P.O. Box Number is Not Acceptable)

13

10. Name and Address of New Registered Agent

14

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. PRESIDENT	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATUSKA, ZGMUNT		1.2 NAME
STREET ADDRESS	450 HARBOR DR. N.		1.3 STREET ADDRESS
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785		1.4 CITY-ST-ZIP
TITLE	2. VICE-PRESIDENT	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATUSKA, WANDA		2.2 NAME
STREET ADDRESS	450 HARBOR DR. N.		2.3 STREET ADDRESS
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785		2.4 CITY-ST-ZIP
TITLE	3. SECRETARY	<input 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	4. TREASURER	<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	5. DIRECTOR	<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	6. DIRECTOR	<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
<p style="text-align: right;">05 4/28/97</p> <p>700002156097 -04/28/97--01020--014 ***165.00</p>			

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/97 813-585-1544  
Date Daytime Phone #  
0580439

CR2E034 (9/96)