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Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000027316 (4)

1. Corporation Name
STEVE S. LISS, P.A. CPA.



Principal Place of Business: 2525 NORTH STATE ROAD 7 #215 HOLLYWOOD FL 33021
Mailing Address: 2525 NORTH STATE ROAD 7 #215 HOLLYWOOD FL 33021-3206

3. Date Incorporated or Qualified: 03/28/1996
3a. Date of Last Report

2. Principal Place of Business: 21. Suite, Apt. #, etc: SAME AS ABOVE
22. City & State: 23. Zip: 24. Country: 25. Country: 26. Mailing Address: 27. Suite, Apt. #, etc: SAME AS ABOVE
28. City & State: 29. Zip: 30. Country:

4. FEI Number: 65-0670191
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: LISS, STEVE 2525 NORTH STATE ROAD 7 #215 HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent: 81. Name: N/A
82. Street Address (P.O. Box Number is Not Acceptable):
83.
84. 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: Steve S. Liss 4/16/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Table with 12 rows for Officers and Directors. Row 1: D LISS, STEVE 2525 NORTH STATE ROAD 7 #215 HOLLYWOOD FL 33021

Table with 12 rows for Additions/Changes to Officers and Directors in 12. Includes fields for Title, Name, Street Address, City, ST, ZIP.

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: Steve S. Liss 4/16/97 9549250829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (9/96)