## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra R. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000088715 (2)

LIZA HERBERT, INC.

## FILED Jan 20 1998 8:00am Secretary of State



Principal Place of B	Mailing A	Mailing Address				- * :			
4900 D. NE 11TH A	4900 D. 1	4900 D. NE 11TH AVE.							
oakland park fl	OAKLAND PARK FL 33334					DO NOT WRITE IN THIS SPACE			
					}	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
							10/13/1997		İ
2. Principal Place of	2a. Mailing Address					4. FEI Number	1 1 1 4 -	plied For	
	26					65-0785/37	<del></del>	t Applicable	
Suite. Apt. #, etc	Suite, Apt. #, etc.					· · · · · · · · · · · · · · · · · · ·		Additional	
	27				}	5. Certificate of Status Desired 🔲 🔻	Fee Re		
City & State	City & State					6 Figurian Compaign Figuraina			
23	28					6. Election Campaign Financing  Trust Fund Contribution	Added 1	May Be	
Zip	Country Zip			Countr	Country		This corporation owes or has paid the current		
24	25	29	30				Personal Property Tax due June 30.		No
	g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Age			
HERBER						Vame			
4900 D.		1							
					Street Addres	ddress (P.O. Box Number is Not Acceptable)			
OANDAN	ND PARK FL 33334			83	<u>-</u>	· · · · · · · · · · · · · · · · · · ·			
				84	1	City	FL <sup>8</sup>	Zip (	Code
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office or registe	ered agent, or both, in the State of	f Florida. Suc	h change was a	uthorized b	y th	e corporation	n's board of directors. I hereby accept the appoints	nent as	registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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									[
Signatu 12,	re, typed or printed name of registered agent OFFICERS AND		ole. (NOTE	. Registered Ag	ent s	ignature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIF	SECTOR	E INI 30
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STREET ADDRESS				6.3 STREET	T ADI	DRESS			ļ
CITY-ST-ZIP				6.4 CITY - 9	ST-Z	iP ]			
14. Thereby certify	that the information supplied with	n this filing do	es not qualify for	r the exemp	otion	n stated in Se	ection 119.07(3)(i), Florida Statutes. I further certify	that the	information

14. Thereby 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 suppliemental 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 becever 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 one and attachment with an address.

SIGNATURE:

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CR2E034 (10/97)