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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90234 038 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000057778

1. Corporation Name

LIZ PROPERTIES CORPORATION

Principal Place of Business

**218 DELMAR AVENUE
SARASOTA FL 34243**

Mailing Address

**218 DELMAR AVENUE
SARASOTA FL 34243**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1998

4. FEI Number

65-0891920

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 12100 S.W. 47 ST

Suite, Apt. #, etc.

22 MIAMI FL

City & State

23 33175 USA

Zip

Country

24

25

2a. Mailing Address

26 12100 S.W. 47 ST

Suite, Apt. #, etc.

27 MIAMI FL

City & State

28 33175 USA

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CASANOVA, EDWARD
218 DELMAR AVENUE
SARASOTA FL 34243**

10. Name and Address of New Registered Agent

81 Name

CASANOVA EDWARD

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

12100 S.W. 47 ST

83

MIAMI

84

MIAMI

FL

85 Zip Code

33175

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

TITLE ☐ DELETE

**PD
CASANOVA, EDWARD
218 DELMAR AVENUE
SARASOTA FL 34243**

TITLE ☐ DELETE

**VD
CASANOVA, ELIZABETH
218 DELMAR AVENUE
SARASOTA FL 34243**

TITLE ☐ DELETE

**STD
CASANOVA, LAURIE
218 DELMAR AVENUE
SARASOTA FL 34243**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

CASANOVA EDWARD

1.2 NAME **12100 S.W. 47 ST**

1.3 STREET ADDRESS **MIAMI FL 33175**

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

CASANOVA ELIZABETH

2.2 NAME **12100 S.W. 47 ST**

2.3 STREET ADDRESS **MIAMI FL 33175**

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

CASANOVA LAURIE

3.2 NAME **12100 S.W. 47 ST**

3.3 STREET ADDRESS **MIAMI FL 33175**

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: **Edward Casanova**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/1999 (305) 551-7777
Date Daytime Phone #

CR2E034 (11/98)