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

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 FEB -2 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000072342

1. Corporation Name
LIVE WIRE ADVERTISING COMPANY

Principal Place of Business
102 NE 2nd STREET
SUITE 264
BOCA RATON, FLORIDA 33432

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
AUGUST 17, 1998

4. FEI Number
65-0864286

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 [X] No

2. Principal Place of Business
21 102 NE 2nd STREET
Suite, Apt. #, etc.
22 SUITE 264
City & State
23 BOCA RATON, FLORIDA
Zip 24 33432 Country 25 USA

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
HOWARD JOEL REIZISS, Ph.D.
102 NE 2nd STREET
SUITE 264
BOCA RATON, FLORIDA 33432

10. Name and Address of New Registered Agent
81 Name HOWARD JOEL REIZISS, Ph.D.
82 Street Address (P.O. Box Number is Not Acceptable)
102 NE 2nd STREET
83 SUITE 264
84 City BOCA RATON FL 85 Zip Code 33432

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] 2/1/99
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when changed.) Date

12. OFFICERS AND DIRECTORS

TITLE	C/P/D/T/S
NAME	HOWARD JOEL REIZISS, Ph.D.
STREET ADDRESS	102 NE 2nd STREET, SUITE 264
CITY-ST-ZIP	BOCA RATON, FLORIDA 33432
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

11 TITLE	C/P/D/T/S [ ] Change [X] Add
12 NAME	HOWARD JOEL REIZISS, Ph.D.
13 STREET ADDRESS	102 NE 2nd STREET, SUITE 264
14 CITY-ST-ZIP	BOCA RATON, FL 33432
21 TITLE	[ ] Change [ ] Add
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change [ ] Add
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Change [ ] Add
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Add
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Add
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

P98000072342--- 1
-02/08/99--01015--001
****150.00 ****150.00

D: 2/3/99 99AR

CR2E034 (11/98)

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: [signature] HOWARD JOEL REIZISS, 2/1/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date