PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000103907

ROY LISKER ENTERPRISES, INC.

Principal Place of Business

Mailino Address

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90042 019 ***150.00

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973 S.E. 10TH STREET. #80 973 S.E. 10TH STREET. #80 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441		DO NOT WRITE IN THIS SPACE
		=3 Date Incorporated or Qualifed
·		12/14/1998
2. Principal Place of Business 2a. Mailing Address		4. FEI Number. Analied For
TO TO THE PORT OF THE PORT	T	65-088 15 Z Not Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.		_ \$8.75 Additional
22 27		5. Certificate of Status Desired Fee Required
City & State		6. Election Campaign Financing S5.00 May Be
23 BOCA RATON FL ZO BOCA RATO	A)====================================	Trust Fund Contribution - Added to Fees
Zio Country Zio	Country	8. This corporation owes the current year intangible
	D V S A	Personal Property Tax.
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
Saul EVER	61 Name	ICKER ROV STELLER
LISKER, ROY STEVEN ROY LISKER	82 Street Add	ress (P.O. Box Number Is Not Acceptable)
973 S.E. 10TH STREET, #80 ZZZ SUFFOLK	T 22	2 SUPFOLK E
DEERFIELD, BEACH FL 33441 BUCA ROTON FO	83	
		log 7:- Codo
334	34 B4 City Bo	CA RATON FL 85 Zip Code 3434
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute	s, the above-named com	poration submits this statement for the purpose of changing its registered
	ווא זטק יסט יסיט עט ססב רסיו	on's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Flori	pa Siziules.	· i
SIGNATURE Signature, typed or printed name of registered agent and title if explicable. (NOTE: 1	Registered Agent signature require	d when renstating) DATE
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DIFFECTOR BANDEDENT DELETE	1.1 TITLE	☐ Change ☐ Addition
NULE ROY LISKER	12 NAME	
STREET ADDRESS 22 & SUPPOLK F	1.3 STREET ADDRESS	}
GITY-ST-ZP DOCA SPATON, FL 33434	1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	2.1 MLE	☐ Change ☐ Addition
NAME	22 NAME	,
	2.3 STREET ADDRESS	}
STREET ADDRESS	2.4 CITY-ST-ZIP	
TILE DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	32 NAME	
	3.3 STREET ADDRESS	1
STREET ADDRESS	3.4. CITY-ST-ZIP	
CITY-ST-ZIP TITLE DELETE	4.1 TULE	Change · Addition: -
	4:2 NAVE	
NAME	4.3 STREET ADDRESS	ļ
- STREET ADDRESS	4.4 CITY-ST-ZIP	
CITY-ST-ZIP DELETE	5.1 TITLE	☐ Change ☐ Addition
· · -	52 NAME	
NAME	5.3 STREET ADDRESS	}
STREET ADDRESS	5.4 CTTY-ST-ZIP	1
CITY-ST-ZIP OELETE	6.1 TITLE	☐ Change ☐ Addition
	62 NAME	The second of th
NAME	6.3 STREET ADDRESS	
STREET ADDRESS	6.4 CITY-ST-ZIP	1

14. I hereby certify that the information supplied with this filling 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 organ attachment with an address, with all other like empowered.

SIGNATURE:

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3) MARCH 89 561 21.86072

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