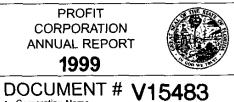
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 13, 1999 8:00 am Secretary of State

05-13-1999 90036 033 \*\*\*150.00

LISA & J	IACK ENTERPRISES, INC.				
Principal Place	e of Business	Mailing Address		1 (001) aligal ileas asurt elaat larad isur aratr	MYMEE DIRECT MINES AFTER CONT. 1981
700 NE 14 AVE	:	700 NE 14 AVE			
503 503				DO NOT WRITE IN THE	P CDACE
HALLANDALE FL 33009 US US HALLANDALE FL 33009 US				DO NOT WRITE IN THI  3. Date Incorporated or Qualifed	S SPACE
03		00		02/17/1992	
2 Principal D	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
<u></u>	lace of oddiness	26		65-0310684	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
<b>└</b> ─	,,, 5.5.	27		5. Certificate of Status Desired	Fee Required
City & Stati	e	City & State	<del></del>	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
l uor	DECETTE INCOMES		81 Name		
MORISSETTE, JACQUES 1420 ATLANTIC SHORES			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
STE					
	LANDALE FL 33309		83		
I HALI	THINDALE LE 22203		84 City		85 Zip Code
				F!	<u>-                                     </u>
		2 and 607.1508, Florida Statute of Florida. Such change was at ions of, Section 607.0505, Flor	s, the above-named con ithorized by the corporati ida Statutes.	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appropriate the purpose of th	ointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition ☐
NAME	MORISSETTE, JACQUES		1.2 NAME		R2F034
STREET ADDRESS	1420 ATLANTIC SHORES #132		1.3 STREET ADDRESS		) <u>r</u>
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition C
NAME	BEAUCAGE, LISE		2.2 NAME		
STREET ADDRESS	1420 ATLANTIC SHORES #132		2.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
-NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	}	☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		j
CITY-ST-ZIP		Floreste	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE		☐ cusude ☐ ∀addrou
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change · Addition
TITLE		☐ DELETE	l i		Change - Changing)
NAME			6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS	1		■ 0.3 STREET AUUNUSS :		1
CITY-ST-ZIP			6.4 CITY-ST-ZIP		1

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:** 

5-1-55

Daytime Phone #

=:=