

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

PROPRIETARY CORPORATION
ANNUAL REPORT
1997
FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 AUG -4 AM 10: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V38690
1. Corporation Name
LIADE, INC

97-AR

Principal Place of Business Mailing Address
23269 50th RD 7
SUITE 115
BOCA RATON, FL 33428
SAME

3. Date Incorporated or Qualified 06/26/92 3a. Date of Last Report 6/21/96

2. Principal Place of Business	2a. Mailing Address	4. FLI Number	Applied For
21	26	65-0336656	Not Applicable
22	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ESPOSITO, EUGENE
2203 S.W. 53RD TERR
CAPE CORAL, FL 33914

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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	D	ESPOSITO, EUGENE	<input type="checkbox"/> DELETE
NAME		2203 S.W. 53RD TERR	
STREET ADDRESS		CAPE CORAL, FL 33914	
CITY-ST-ZIP			
TITLE	D	ESPOSITO, JEANETTE	<input type="checkbox"/> DELETE
NAME		2203 S.W. 53RD TERR	
STREET ADDRESS		CAPE CORAL, FL 33914	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	4000002259164--4
13 STREET ADDRESS	-08/06/97--01055--001
14 CITY-ST-ZIP	****165.00 ****165.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

Eugene Esposito

7-29-97 561
477-0000

CR2E034 (9/96)