

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **498095** (9)  
1. Corporation Name  
**LIZA DANIELLE INCORPORATED**



Principal Place of Business: **2100 WEST ATLANTIC AVE. DELRAY BEACH FL 33445 US**  
Mailing Address: **2100 WEST ATLANTIC AVE. DELRAY BEACH FL 33445 US**

3. Date Incorporated or Qualified: **03/04/1976**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-1656461**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30.

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**RASKIN, MONTE**  
**2100 WEST ATLANTIC AVE.**  
**DELRAY BEACH FL 33445**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable): **2106 W. Atlantic Ave**  
83.  
84. City: **DELRAY beach** FL 85. Zip Code: **33445**

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 607.0501, Florida Statutes.

SIGNATURE: *Monte Raskin* DATE: **4-16-96**

**OFFICERS AND DIRECTORS**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12**

12. OFFICERS AND DIRECTORS  
TITLE: **PD** [ ] DELETE  
NAME: **SCHWARTZ, LEONARD**  
STREET ADDRESS: **2100 WEST ATLANTIC AVE.**  
CITY-ST-ZIP: **DELRAY BEACH FL 33445**  
TITLE: **VD** [ ] DELETE  
NAME: **RASKIN, HERBERT**  
STREET ADDRESS: **2100 WEST ATLANTIC AVE.**  
CITY-ST-ZIP: **DELRAY BEACH FL 33445**  
TITLE: **SD** [ ] DELETE  
NAME: **SCHWARTZ, ELAINE**  
STREET ADDRESS: **2100 WEST ATLANTIC AVE.**  
CITY-ST-ZIP: **DELRAY BEACH FL 33445**  
TITLE: **TD** [ ] DELETE  
NAME: **RASKIN, BETTY**  
STREET ADDRESS: **2100 WEST ATLANTIC AVE.**  
CITY-ST-ZIP: **DELRAY BEACH FL 33445**  
TITLE: **D** [ ] DELETE  
NAME: **RASKIN, MONTE**  
STREET ADDRESS: **2100 WEST ATLANTIC AVE.**  
CITY-ST-ZIP: **DELRAY BEACH FL 33445**  
TITLE: [ ] DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12  
1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
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

**200001818132**  
**-05/13/96--01028--002**  
**\*\*\*200.00**

*RM 5/1/96*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered 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 changing name or attaching an address.

SIGNATURE: *Monte Raskin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **4-16-96**

CR2E034 (12/95)