

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 Country
24. Zip Country
25. Zip Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip Country
30. Zip Country

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 607.050, Florida Statutes.

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, LEONARD	
STREET ADDRESS	2100 WEST ATLANTIC AVE.	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RASKIN, HERBERT	
STREET ADDRESS	2100 WEST ATLANTIC AVE.	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, ELAINE	
STREET ADDRESS	2100 WEST ATLANTIC AVE.	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RASKIN, BETTY	
STREET ADDRESS	2100 WEST ATLANTIC AVE.	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RASKIN, MONTE	
STREET ADDRESS	2100 WEST ATLANTIC AVE.	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	200001818132
3.4 CITY-ST-ZIP	-05/13/96--01028--002
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	***200.00
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 agent 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**

FORM NO. 1001 (12/95)

CR2E034 (12/95)