

**FILED**  
**Jun 10, 1999 8:00 am**  
**Secretary of State**

06-10-1999 90056 001 \*\*\*750.00

**CORPORATION ANNUAL REPORT 1999**

Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** 498095 ✓  
 1. Corporation Name  
 LISA DANIELE INCORPORATED

Principal Place of Business Mailing Address  
 2100 W ATLANTIC AVE Same  
 Delray Beach FL 33445

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 03/04/1976

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

7. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
 Raskin Monte  
 RASKIN, MONTE  
 2907 SW 21 TERR #B2  
 DELRAY BEACH, FL 33445

10. Name and Address of New Registered Agent  
 #1 Name  
 #2 Street Address (P.O. Box Number is Not Acceptable)  
 #3  
 #4 City FL #5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS  DELETE

TITLE	P
NAME	RASKIN Andrew
STREET ADDRESS	2100 W ATLANTIC AVE
CITY-ST-ZIP	DELRAY BEACH FL 33445
TITLE	VP
NAME	EMIN MARION
STREET ADDRESS	2100 W ATLANTIC AVE
CITY-ST-ZIP	DELRAY BEACH FL 33445
TITLE	VP
NAME	ADAMANTZ JANE
STREET ADDRESS	2100 W ATLANTIC AVE
CITY-ST-ZIP	DELRAY BEACH FL 33445
TITLE	SP
NAME	RASKIN Monte
STREET ADDRESS	2100 W ATLANTIC AVE
CITY-ST-ZIP	DELRAY BEACH FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 caller 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 information required.

**SIGNATURE:** \_\_\_\_\_ **DATE:** 4/15/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)