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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L72334

JOHNSON LIPMAN CORPORATION

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

02-13-1999 90028 033 ***150.00



Principal Place of Business Mailing Address 3350 NW BOCA RATON BLVD SUITE A-26 BOCA RATON FL 33431 US 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 3. Certificate of Status Desired 3. Certificate of Status Desired 4. FEI Number 65-0208661 5. Certificate of Status Desired 7. City & State 7. Country 7. Country 7. Country 7. Country 7. Suite, Apt. #, etc. 7. Country 8. This corporation owes the current year Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Register	Apply Not \$8.75 A Fee Re \$5.00 Added to	plied For 4 Applicable Additional equired	. 36 L. A.
SUITE A-26 BOCA RATON FL 33431 US 3. Date Incorporated or Qualified 05/14/1990	\$8.75 A Fee Re \$5.00 Added to	t Applicable Additional equired	. 56.174
BOCA RATON FL 33431	\$8.75 A Fee Re \$5.00 Added to	t Applicable Additional equired	. \$60 m
SUS 3. Date Incorporated or Qualifed 05/14/1990 4. FEI Number 65-0208661 Suite, Apt. #, etc. 27 City & State City & State 28 Country Zip Personal Property Tax.	\$8.75 A Fee Re \$5.00 Added to	t Applicable Additional equired	. 20.1 12
22	\$8.75 A Fee Re \$5.00 Added to	t Applicable Additional equired	. 00.11
2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing Add	\$8.75 A Fee Re \$5.00 Added to	t Applicable Additional equired	304.7
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25 29 30 Personal Property Tax.			l
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DICKENSON DAVID B. 82 Street Address (P.O. Box Number is Not Acceptable)			l
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SUITE 410 B3 中国特别总量等的		翻测的	l
BOCA RATON FL 33432	11 8 Pr (c) 12 Pr	Códe	l
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose office or registered agent, or both, in the State of Florida. Such change was relationable to state of Florida.	- L. .		l
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating), The state of the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating), The state of the obligations of, Section 607.0505, Florida Statutes.			وَ
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12	1
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NAME JOHNSON, HAROLD R. 1.2 NAME			}
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STREET ADDRESS 3350 NW BOUA HATON BLVD 1.3 STREET ADDRESS			1 7000
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CITY-ST-ZIP BOCA RATON FL 1.4 CITY-ST-ZIP TITLE V DELETE 2.1 TITLE NAME LIPMAN, MICHAEL R 2.2 NAME STREET ADDRESS 3350 NW BOCA RATON BLVD 2.3 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 2.4 CITY-ST-ZIP		<u> </u>	1 10000 1 10000
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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 receiver or trystee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in

6.4 CITY-ST-ZIP