FILED Apr 29, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000059253**

LIPTON CONSTRUCTION COMPANY

Principal Plac	ce of Business	Mailing Address							
2446 SW 54TH STREET		2446 SW 54TH STREET							
FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL		33312			DO NOT WORT	IN TUR	en ver		
						DO NOT WRITE	114 11-15	SPACE	
						3. Date Incorporated or Qualifed 08/09/1994			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Ni mber		1—1-	Aprilled For
21		26				65-0511366			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	3	T	Additional
22		27							Required
City & Sta	te	City & State				6. Election Campaign Financing			O May Be
23		28		4		Trust Fund Contribution			d to Fees
Zip	Country	Zip		untry		8. This corporation owes the curren	year Inta		□No
24	25	29	30			Personal Property Tax.	ictor d	∐ Yes	
	9. Name and Address of Curre	em Registered Agent		81	Name	10. Name and Address of New Reg	isier(-0 /	Gent	
דמן ו	ON, LAURA L			"	Name				
	6 SW 54TH STREET			82	Street Add	dress (P.O. Box Number is Not Acceptable	;)		
	RT LAUDERDALE FL 33312								
FUE	11 LAUDENDALE FL 33312			83					
				84	City			85 Zi	p Code
					J.,		FL		
SIGNATURE	Signature, typed or printed name of registered ag	gen and title if applicable. (NO	E: Registered	Agent	signature requir	red when reinstating ADDITI ONS/CHANGES TO OFFICE	DATE AN	O DIRECT	FORS IN 12
TITLE	P	DELETE	1.1 TITLE			ADDITI SING/CITANGES TO SITTE	ALTO AIT	☐ Chang	
NAME	LIPTON, MITCHELL A		1.2 N					_ ,	_
STREET ADDRESS	0440 004 54 05				ADDRESS				
	FT. LAUDERDALE FL			ITY-ST-					
CITY-ST-ZIP	VP	☐ DELETE	2.1 T		ZIF			Chang	e Addition
	LIPTON, LAURA L		- 1	2.2 NAME				_ ,	_
NAME OTREET ADDRESS	0440 ON 54 OT				ADDRESS				
STREET ADDRESS	FT. LAUDERDALE FL			ITY-ST-	1			•	
CITY-ST-ZIP	11. DAUDENDALE. 1 E	☐ DELETE	317		-21			☐ Chang	e Addition
			3.2 N					_ ,	_
NAME					ADDRESS				
STREET ADDR :SS				OTY-ST					
CITY-ST-ZIP TITLE			4.1 T		-211			☐ Chang	e Addition
			4.21						
NAME					ADDRESS				
STREET ADDRESS				INCELA	WURESS I				
CITY-ST-ZIP				m 07	l				
TITLE	1	☐ DELETE		ITY-ST-	l			Chann	e Addition
NAME		☐ DELETE	5.1 T	ITLE	l			☐ Chang	e Addition
STREET ADDRESS		☐ DÉLETE	5.1 T 5.2 N	ITLE AME	ZIP			☐ Chang	e Addition
CITY-ST-ZIP		☐ DELETE	5.1 T 5.2 N 5.3 S	ITLE AME TREET	ZIP			Chang	e Addition
			5.1 T 5.2 N 5.3 S 5.4 C	TLE AME TREET #	ZIP				
TITLE		☐ DELETE	5.1 T 5.2 N 5.3 S 5.4 C 6.1 Ti	TLE AME TREET / TTY-ST-	ZIP			☐ Chang	
			5.1 T 5.2 N 5.3 S 5.4 C 6.1 TI 6.2 N	ITLE AME TREET / ITY-ST- ITLE AME	ZIP				

14. There by 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change 1, or on an attachment with an against, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP