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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996

	1996	wi 150	F CORPORAT				
DOCU 1. Corporation	JMENT # 6956	77 (5)					
FLIP'S	S OF CHICAGO-OAKLAND	PARK, INC.					
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Principal Place of Business		Mailing Address					
1876 N. UNIVERSITY DR., SUITE 300 PLANTATION FL 33322			1876 N. UNIVERSITY DR., SUITE 300 PLANTATION FL 33322				
					3. Date Incorporated or Qualified 07/14/1981	3a. Date of L	ast Report I/1995
2. Principal F	Place of Business	2a. Mailing Address			4. FET Number	<u> </u>	Applied For
		26			59-2134863		Not Applicabl
Suite, Apt	l. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	_ <b>\$</b>	8.75 Additional Fee Required
City & Sta	ale	City & State			6. Election Campaign Financing		5.00 May Be
7io	Country	28			Trust Fund Contribution		Added to Fees
_	Country 25	Ζφ. <b>29</b> ]	30 Count	ury	This corporation has liability for Florida Statutes	intangible tax un No	der s. 199.032,
	9. Name and Address of Cur			· · · · · · · · · · · · · · ·	10. Name and Address of New F		nt
			8	Name		-··- <del>-</del>	
	DE, JOHN F.		8	32 Street Add	dress (P.O. Box Number is Not Acceptat	ile)	
	I. UNIVERSITY DR., #300		Ļ	3			<del></del>
PLANIA	ATION FL 33322		ľ	23			
			8	14 City		FL 8	Zip Gode
or registe familiar v	t to the provisions of Sections 607,05 ered agent, or both, in the State of Fl vith, and accept the obligations of, S	502 and 607.1508, Florida Statu orida. Such change was authori, ection 607.0505, Florida Statute	tes, the above zed by the cons.	1 e-named corpo rporation's boa	oration submits this statement for the purard of directors. I hereby accept the app	mose of changin	g its registered offic stered agent. I am
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oath; that I am an officer or director of the corporation or the receiver 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 charged or on an attachment with an address.

GNATURE:

SIGNATURE: SIGNATURE AND A PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Day(me Prione #