2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F98000001142 **DOCUMENT #**

1. Entity Name

S&L KIPP CORPORATION



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90680 015 ***150.00

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Principal Place of Business 400 ROYAL PALM WAY. #408 PALM BEACH FL 33480 Address 400 ROYAL PALM WAY PALM BEACH FL 33480 PALM BEACH FL 33480						1 J o nijaa II						
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Country Zip Country Zip Country S. Cartificato of Status Desired S.8.75 Additional Fine Application of Registered Agent 7. Name and Address of Now Registered Agent 7. Name and Address of Now Registered Agent Name Agent Name Name Name Name Name Name Name	Suite, Apt	. #, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
September Sept	City & Sta	te.	City & State			4.	FEI Number	13-3447964					
Name and Address of Current Registered Agent Name and Address of New Registered Agent Name Name Street Address (P.C. Box Number is Not Acceptable)	,-Zip	Country	Zip	Zip Country			Certificate of	Status Desired		\$8.75 Ac	ditional		
KIPP, ERNST L 400 ROYAL PALM WAY, #206 PALM BEACH FL 33480 City FL Zip Code		6. Name and Address of Current	Registered Agent			7.	Name and A	ddress of New Re	gistered				
According to the purpose of changing its registered agent, or both, in the State of Fordia. I am tamiliant with, and acceptable)					Name								
PALM BEACH FL 33480	1			-	Street A	ddress (P.O. E	Box Number is	s Not Acceptable)					
City FL Zip Code		• •		-			· · · · · ·		-				
The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. Lam familiar with, and accept the obligations of registored agent. Signature	PALM BE	ACH FL 33480									ļ		
SIGNATURE Signat					City				FL	Zip Cod	de		
SIGNATURE Signature Signa	8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept												
NOTE Repeated appent and title reported name of regatered appe	ine obligat	the obligations of registered agent.											
After May 1, 2003 Fee will be \$55.00 May Be After May 1, 2003 Fee will be \$55.00 May Be Added to Fees 10.	SIGNATURE .												
After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 10.				TE: Registered	Agent signatu	re required when n	reinstating)		DATE				
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes I further certify that the information		ertify that the information supplied with	this filing does not qualify for			al la Calette d	140.07/0///	1. 1. A					

indicated on this report or supplemental 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 true e empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with at address, with all other like empowered. NATURE REQUESTS - Luday Kipp

SIGNATURE:

SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR