

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90111 039 ***150.00
L00079

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50054362



06262005 Chg-P CR2E034 (10/03)

DOCUMENT # L00079					
1. Entity Name ROBERT L. LIPTON, INC.					
Principal Place of Business 1700 WEST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311 US			Mailing Address 1700 WEST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0131357	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MORO, JOSEPH 1700 W OAKLAND PARK BLVD FORT LAUDERDALE, FL 33311				7. Name and Address of New Registered Agent Name STEVEN JENSEN Street Address (P.O. Box Number is Not Acceptable) 1700 W. OAKLAND PK. BLVD City FT. LAUDERDALE FL Zip Code 33311	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: STEVEN JENSEN PRESIDENT 06-28-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD AMSTUTZ, C J CITY CENTRE ONE STE 300 YOUNGSTOWN, OH 445031810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD BIGGIN, WILBUR C JR 18 DOLPHIN DR. VERO BEACH, FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MORO, JOSEPH 1700 W. OAKLAND PK. BLVD FORT LAUDERDALE, FL 33311 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STEVEN JENSEN 1700 W. OAKLAND PK BLVD FT LAUDERDALE, FL 33311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD PATRICK, W TERRY CITY CENTRE ONE STE 300 YOUNGSTOWN, OH 445031810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information 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 trustee 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 an address, with all other like empowered.					
SIGNATURE:		STEVEN JENSEN 06-28-05 954-735-1330 PRESIDENT Date Daytime Phone			