


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L00079 1. Entity Name ROBERT L. LIPTON, INC.	
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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
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DO NOT WRITE IN THIS SPACE



02152007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0131357	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JENSEN, STEVEN
1700 W OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33311**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re/setting) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD AMSTUTZ, C J CITY CENTRE ONE STE 300 YOUNGSTOWN, OH 445031810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD BIGGIN, WILBUR C JR 18 DOLPHIN DR. VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JENSEN, STEVEN 1700 W OAKLAND PK BLVD FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD PATRICK, W TERRY CITY CENTRE ONE STE 300 YOUNGSTOWN, OH 445031810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/06/07-80014-009 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *X*  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____