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Apr 27, 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 # L72655

1. Corporation Name

LIPPOLD ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1236 LAKE SHORE DR  
NAPLES FL 34103  
US

Mailing Address  
1236 LAKE SHORE DR  
NAPLES FL 3413  
US

2. Principal Place of Business  
21 1236 LAKE SHORE DR  
Suite, Apt. #, etc.  
22  
City & State  
23 NAPLES FL  
Zip Country  
24 34103 25 USA

2a. Mailing Address  
26 1236 LAKE SHORE DR  
Suite, Apt. #, etc.  
27  
City & State  
28 NAPLES FL  
Zip Country  
29 34103 30 USA

3. Date Incorporated or Qualified

05/14/1990

4. FEI Number

65-0197980

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PFEUFFER, WILLIAM A.  
1124 GOODLETTE RD NORTH  
NAPLES FL 33940

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code  
34102

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LIPPOLD, WAYNE S	1.2 NAME	
STREET ADDRESS	1236 LAKE SHORE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103	1.4 CITY-ST-ZIP	
TITLE	TSD	2.1 TITLE	
NAME	LIPPOLD, BARBARA A	2.2 NAME	
STREET ADDRESS	1236 LAKE SHORE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)