1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99437

HAND ME LIPS, INC

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90149 006 ***150.00

TIANO W	E of of into							
Principal Place	e of Business	Mailing Address						
1261 10TH ST		1261 10TH ST						
LAKE PARK FL 33403		LAKE PARK FL 33403				DO NOT WESTE IN THE CRACE		
						DO NOT WRITE IN THIS SPACE 3. Date ir corporated or Qualifed		
						1		
	(5)	A Mailling Addrogo				09/11/1990 4. FEI Number Applied For		
2. Principal Place of Business		2a. Mailing Address				65-02:23488 Not Applicable		
21 Suite Ast # etc		Suite, Apt. #, etc.				\$8.75 Additional		
Suite, Apt. #, etc.		27				5. Certificate of Status Desired Fee Required		
22 City & State		- City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip Cour try		Zip Country			8. This corporation owes the current year intangible			
24	25	29	30			Persor al Property Tax. ☐ Yes ☐ No		
	9. Name and Address of Curre			<u> </u>		10. Name and Address of New Registers d Agent		
				81	Name			
	JLA, FRANK G., JR. ESQ.			82	Street Ar	Arldress (P.O. Bo) Number is Not Acceptable)		
1551 FORUM PLACE SUITE 200D					Gliccira	Analoss (1 . S. Ser Manber) (1 or New York Service)		
				83				
WES	T PALM BEACH FL 33401			84	City	85 Zip Code		
					,	FL		
office or r	to the provisions of Sections 507.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed in me of registered as	e of Florida. Such change was at ons of, Section 607.0505, F	authonzed Iorida Stat	utes.	tne corpor	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered	_	
	. 	NI) DIRECTORS	13.	Agon	(algillatore req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	86/	
12.	D	DELETE	1.1 11	TLE		☐ Change ☐ Addition	R2E034 (11/98)	
NAME	MELTON, LISA		1.2 N/	AME			8	
STREET ADDRESS	400 GULL CT		135	REET	ADDRESS		Ö	
CITY-ST-ZIP	N. PALM BEACH FL		1.4 CI	TY-S1	Γ- ZIP		\mathbb{Z}	
TITLE	D	☐ DELETE	2.1 TI	TLE		Change Addition	C	
NAME	RUTHERFORD, ADA		2.2 N	4ME				
STREET ADDRLSS	4442 BAMBOO RD		235	2 3 STREET ADDRESS				
_CITY-ST-ZIP	PALM BCH GDNS FL			2 4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TI	TLE		☐ Change ☐ Addition		
NAME			3.2 NAM					
STREET ADDRESS			3.3 S	TREET	ADDRESS			
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLI			☐ Change ☐ Addition		
NAME			4,21	IAME				
STREET ADDR :SS			438	TREET	ADDRESS			
CITY-ST-ZIP			4.4 C	TY-S1	T-ZIP			
TITLE		☐ DELETE	5.1 TI	TLE		☐ Change ☐ Addition		
NAME			5 2 N	AME				
STREET ADDR ESS			5.3 S	TREET	ADDRESS			
CITY-ST-ZIP				TY-ST	T- ZIP			
TITLE		☐ DELETE	6.1 TI	TLE	T	☐ Change ☐ Addition		
NAME			6.2 N	AME				
STREET ADDRESS			6.3 S	TREET	ADDRESS			
CITY-ST-ZIP			64C	TY-ST	T-ZIP			

14. I here by certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 7(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 signar use 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 change 1, or on an attachment with an address, with all other like empowered

SIGNATURE:

IGNA URE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-23-99

Daytime Phone #