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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90001 028 ***150.00

DOCUMENT # M28033

J.S. FLIPPEN ENTERPRISES, INC.

Principal Place	of Business	Mailing Address						
2240 NW 119 ST.		2240 NW 119 ST.						
MIAM! FL 33167		MIAMI FL 33167			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					02/27/1986			1
2 Principal Pl	lace of Business	2a. Mailing Address			4- FEI Number		Apr	olied For
2. (III.O.PG. ()	200 0. 200000	26 9430 NU	133	5 St.	59-2648474		-	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	<u> </u>				\$8.75 A	dditional
2		27			5. Certifcate of Status Desired		Fee Red	quired
City & State	e	City & State			6. Election Campaign Financing		\$5.00	May Be
3		28 LOW P 60 K	orly c	es H	Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the curre	ent year Intan		_ 1
4	25	29 33024	30	28.M	Personal Property Tax.			□No
	9. Name and Address of Curren	t Registered Agent		.1	10. Name and Address of New R	legistered A	gent	
El ID	OCN JAMES S		8	1 Name				}
	PEN, JAMES S		82	2 Street Addre	ess (P.O. Box Number is Not Accepta	ible)		
	NW 119TH STREET			ļ		_		
MIAI	VII FL 33167		8:	3				}
			84	4 City			85 Zip C	ode
				1		<u> </u>		
								regional l
office or r agent. I a	to the provisions of Sections 607.050; egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida, Such change was au	thonzed by	y tne corporatio	oration submits this statement for the in's board of directors. I hereby accep	ot the appoint	ment as reg	gistered
office or r	egistered agent, or both, in the State in familiar with, and accept the obligation of signature, typed or printed name of registered agent	of Florida, Such change was au- tions of, Section 607.050S, Flori and title if applicable. (NOTE:	thorized by ida Statute Registered Ag	y tne corporatio	I when reinstating)	DATE		Jisiered
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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 cath; 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: