

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90046 006 \*\*\*150.00

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|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # P93000007739**  
 1. Corporation Name  
**KIPNIS TESCHER LIPPMAN & VALINSKY, P.A.**



|  |  |
|--|--|
| Principal Place of Business<br><b>ONE FINANCIAL PLAZA<br/>                 SUITE 2308<br/>                 FT. LAUDERDALE FL 33394<br/>                 US</b> | Mailing Address<br><b>ONE FINANCIAL PLAZA<br/>                 SUITE 2308<br/>                 FT. LAUDERDALE FL 33394<br/>                 US</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|  |   |
|--|---|
| 2. Principal Place of Business<br>21 <b>100 N.E. Third Avenue</b><br>Suite, Apt. #, etc.<br>22 <b>Suite 610</b><br>City & State<br>23 <b>Fort Lauderdale, FL</b><br>Zip Country<br>24 <b>33301</b> 25 <b>USA</b> | 2a. Mailing Address<br>26 <b>100 N.E. Third Avenue</b><br>Suite, Apt. #, etc.<br>27 <b>Suite 610</b><br>City & State<br>28 <b>Fort Lauderdale, FL</b><br>Zip Country<br>29 <b>33301</b> 30 <b>USA</b> |
|--|---|

|  |   |  |
|--|---|--|
| 3. Date Incorporated or Qualified<br><b>02/01/1993</b>                             | 4. FEI Number<br><b>65-0395109</b>                                  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                       | <b>\$8.75</b> Additional Fee Required                               |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees                                  |  |
| 8. This corporation owes the current year Intangible Personal Property Tax.        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent  
**LIPPMAN, STEVEN N  
 ONE FINANCIAL PLAZA  
 SUITE 2308  
 FT. LAUDERDALE FL 33394**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name<br><b>Steven N. Lippman</b>   |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>100 N.E. Third Avenue</b> |
| 83 <b>Suite 610</b>   |
| 84 City<br><b>Fort Lauderdale</b>   |
| 85 Zip Code<br><b>FL 33301</b>  |

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]* 1/11/99  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|                |   |
|----------------|---|
| TITLE          | <b>PD</b> <input type="checkbox"/> DELETE   |
| NAME           | <b>TESCHER, HOWARD A</b>                    |
| STREET ADDRESS | <b>ONE FINANCIAL PLAZA STE. 2308</b>        |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL 33394</b>              |
| TITLE          | <b>VSTD</b> <input type="checkbox"/> DELETE |
| NAME           | <b>LIPPMAN, STEVEN N</b>                    |
| STREET ADDRESS | <b>ONE FINANCIAL PLAZA STE. 2308</b>        |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL 33394</b>              |
| TITLE          | <b>VD</b> <input type="checkbox"/> DELETE   |
| NAME           | <b>VALINSKY, JAY L</b>                      |
| STREET ADDRESS | <b>ONE FINANCIAL PLAZA STE. 2308</b>        |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL 33394</b>              |
| TITLE          | <b>VD</b> <input type="checkbox"/> DELETE   |
| NAME           | <b>KIPNIS, ALAN G</b>                       |
| STREET ADDRESS | <b>ONE FINANCIAL PLAZA STE. 2308</b>        |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL 33394</b>              |
| TITLE          | <input type="checkbox"/> DELETE             |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> DELETE             |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS | <b>100 N.E. Third Avenue, Ste. 610</b>                                       |
| 1.4 CITY-ST-ZIP    | <b>Fort Lauderdale, FL 33301</b>   |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS | <b>100 N.E. Third Avenue, Ste. 610</b>                                       |
| 2.4 CITY-ST-ZIP    | <b>Fort Lauderdale, FL 33301</b>   |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS | <b>100 N.E. Third Avenue, Ste. 610</b>                                       |
| 3.4 CITY-ST-ZIP    | <b>Fort Lauderdale, FL 33301</b>   |
| 4.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS | <b>100 N.E. Third Avenue, Ste. 610</b>                                       |
| 4.4 CITY-ST-ZIP    | <b>Fort Lauderdale, FL 33301</b>   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 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]* 1/11/99 954 467-1964  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)