

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000007739

1. Corporation Name

KIPNIS TESCHER LIPPMAN & VALINSKY, P.A.

Principal Place of Business

Mailing Address

ONE FINANCIAL PLAZA
SUITE 2308
FT. LAUDERDALE FL 33394
US

ONE FINANCIAL PLAZA
SUITE 2308
FT. LAUDERDALE FL 33394
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1993

4. FEI Number

65-0395109

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

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

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 **Steven N. Lippman**
 82 Street Address (P.O. Box Number is Not Acceptable)
100 N.E. Third Avenue
 83 **Suite 610**
 84 City **Fort Lauderdale** **FL** 85 Zip Code **33301**

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TESCHER, HOWARD A	1.2 NAME	
STREET ADDRESS	ONE FINANCIAL PLAZA STE. 2308	1.3 STREET ADDRESS	100 N.E. Third Avenue, Ste. 610
CITY-ST-ZIP	FT. LAUDERDALE FL 33394	1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	VSTD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPPMAN, STEVEN N	2.2 NAME	
STREET ADDRESS	ONE FINANCIAL PLAZA STE. 2308	2.3 STREET ADDRESS	100 N.E. Third Avenue, Ste. 610
CITY-ST-ZIP	FT. LAUDERDALE FL 33394	2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALINSKY, JAY L	3.2 NAME	
STREET ADDRESS	ONE FINANCIAL PLAZA STE. 2308	3.3 STREET ADDRESS	100 N.E. Third Avenue, Ste. 610
CITY-ST-ZIP	FT. LAUDERDALE FL 33394	3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIPNIS, ALAN G	4.2 NAME	
STREET ADDRESS	ONE FINANCIAL PLAZA STE. 2308	4.3 STREET ADDRESS	100 N.E. Third Avenue, Ste. 610
CITY-ST-ZIP	FT. LAUDERDALE FL 33394	4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)