

04/28/1997 15:50

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LIPSON INC.

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**PROFIT
CORPORATION
ANNUAL REPORT
1996**

 FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 27 1997 8:00am
Secretary of State
DOCUMENT # P93000028159 (0)

1. Corporation Name

MARTIN H, INC.

Principal Place of Business

 7301-A WEST CHAMBERLAIN PK RD #305C
 BOCA RATON FL 33486
 BOCA RATON FL 33486

Mailing Address

 4500 ROCKSIDE RD #440
 INDEPENDENCE, OH 44131

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/16/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0410326

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

 GOTTSEGEN, STANLEY D
 2255 GLADES RD.
 SUITE 411-E
 BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 terminating

64E

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
 D
 ELRAD, MARTIN H
 6007 LAKES ESTATES COURT
 BOCA RATON FL 33498
NAME ☐ DELETE
 STREET ADDRESS
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

 600002206176
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 ***165.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR

5/19/97

Date

Daytime Phone #