## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P93000047868**1. Corporation Name

HIPPS & COMPANY, INC.

			•					
Principal Place of Business Mailing Address					ï	r abbrach ein ising sijst ontli objit schie L	AUCI MIĞIL CARAL YAL	SE BISEL INIT INDS
6731 NW 29TH AVE FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309						DO NOT WRITE IN TI	HIS SPACE	•
					3.	Date Incorporated or Qualifed 06/30/1993		:
2. Principal Place of Business 2a. Mailing Address					4.	. FEI Number	F	Applied For
21 26						65-0427329		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired \$8.75 Addit Fee Requir				
City & State					6.	Election Campaign Financing  Trust Fund Contribution	•	O May Be I to Fees
Zip	Country	Zip	Count	Country 8. This corporation owes t		. This corporation owes the current year	Intangible	
24	25 29 3					Personal Property Tax.	☐ Yes	<u>⊡</u> 1√0
	9. Name and Address of Current	Registered Agent	1 Name		. Name and Address of New Register	ed Agent		
HIPPS, ROBERT					e			. •
6731 NW 29TH AVE				2 Stree	et Address (F	P.O. Box Number is Not Acceptable)		
FT LAUDERDALE FL 33309			. 8	3				
				4 City		F	FL   }	Code (Time)
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 of 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 deligations of Section 507.0305, Florida Statutes.								
SIGNATURE	ے		e required when	1/15/4	59	. ·		
12.	fignature, typed or printed name of registered agent OFFICERS AND		13.	en synaure	•	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	D DELETE		1.1 TITLE		·	F	☐ Change	
NAME	HIPPS, ROBERT		1.2 NAME			- Common € 200 - 19		_
1			1.3 STREET ADDRESS		s			
CITY-ST-ZIP	T-ZIP FT LAUDERDALE FL 33309		1.4 CITY-	1.4 CITY-ST-ZIP		•	i	
TITLE	D DELETE			2.1 TITLE			☐ Change	Addition
NAME .	NAME . HIPPS, JUDITH		2.2 NAME			•		
STREET ADDRESS 6731 NW 29TH AVE			2.3 STREET ADDRESS		s			;
CITY-ST-ZIP FT LAUDERDALE FL 33309			2. 4 CITY-ST-ZIP			•		
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NAME	and the second s		3.2 NAME	l				
STREET ADDRESS				ET ADDRESS	s			, , [

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 vistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed, or other like empowered.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

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**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

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