FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000081895 (3)**

1. Corporation Name
LIPSKI, INC.

Principal Place of Business	Mailing Address
% STEVEN MARKS 25 W. FLAGLER ST., SUITE 800 MIAMI FL 33130	% STEVEN MARKS 25 W. FLAGLER ST., SUITE 800 MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 4308 NE 21 AVENUE	26 4308 NE 21 AVENUE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 FT. LAUDERDALE, FL	City & State 28 FT. LAUDERDALE, FL
Zip 24 33308 Country 25 USA	Zip 29 33308 Country 30 USA

4. FEI Number: APPLIED FOR 65-0454133 ☐ 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	10. Name and Address of New Registered Agent
ABBOTT, ELIOT C 900 PONCE DE LEON BLVD. SUITE 1150 CORAL GABLES FL 33134	81 Name: ROBERT LIPP 82 Street Address (P.O. Box Number is Not Acceptable): 4308 NE 21 AVENUE 83 84 City: FT. LAUDERDALE FL 85 Zip Code: 33308

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: Robert P Lipp — DATE: 4-13-95
Signature, typed or printed name of registered agent and, if an officer, title if applicable. (NOTE: Registered Agent signature required when name/address changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	LIPP, ROBERT P	12 NAME	
STREET ADDRESS	% 25 W. FLAGLER ST., STE. 800	13 STREET ADDRESS	4308 NE 21 AVENUE
CITY-ST-ZIP	MIAMI FL 33130	14 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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 added by attachment with an address.

SIGNATURE: Robert P Lipp — 4-13-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT P. LIPP

01N784 CP