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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90047 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000087931

1. Corporation Name
JACQUELINE IPP, C.P.A., P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
~~4108 TEMPLE ST~~ ~~WEST PALM BEACH FL 33407~~
~~4108 TEMPLE ST~~ ~~WEST PALM BEACH FL 33407~~

3. Date Incorporated or Qualified
01/01/1994

2. Principal Place of Business 2a. Mailing Address
6028 SUGARCANE LANE **6028 SUGARCANE LANE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number Applied For
65-0451247 Not Applicable

22. City & State 27. City & State
LAKE WORTH FL **LAKE WORTH FL**

5. Certificate of Status Desired \$8.75 Additional Fee Required

23. Zip Country 28. Zip Country
33467 **33467**

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24. 25. 29. 30.

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IPP, JACQUELINE
~~4108 TEMPLE ST~~
~~WEST PALM BEACH FL 33407~~

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
6028 SUGARCANE LANE
 83.
 84. City **LAKE WORTH** FL 85. Zip Code **33467**

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 *Jacqueline IPP* DATE **3/28/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IPP, JACQUELINE	1.2 NAME	
STREET ADDRESS	4108 TEMPLE ST	1.3 STREET ADDRESS	6028 SUGARCANE LANE
CITY-ST-ZIP	WPB FL 33407	1.4 CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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: *Jacqueline IPP* DATE: **3/28/99** DAYTIME PHONE: **561-697-7795**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)