## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000043240 (7)

CELIA LIPTON PRODUCTIONS, INC.

## FILED Apr 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					1 1001/201     0 101   0 111   0 111   0 111   0 111	
777 S FLAG		777 S FLAGLER DR				
SUITE 500-EAST WEST PALM BEACH FL 33401		SUITE 500-EAST WEST PALM BEACH FL 33401		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					05/30/1995	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0590751	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State	City & State		A 51 11 0 11 51	Fee Required
23		28		<ol> <li>Election Campaign Financing</li> <li>Trust Fund Contribution</li> </ol>	\$5.00 May Be Added to Fees	
Zip	Country Zip		Coun	try	B. This corporation owes or has paid	
24	25	29 30			Personal Property Tax due June 30.  Yes No	
	g. Name and Address of Current	Registered Agent		.,	10. Name and Address of New Reg	istered Agent
	IN ANDEL, PETER		1	Name		
777 S FLAGLER DR			1	32 Street	Address (P.O. Box Number is Not Acceptable	e)
SUITE 500-EAST				33		
1771	EST PALM BEACH FL 33401		Ľ	23		
			ŀ	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-pamed 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						
				Agent signatura	e required when reinstating)	DATE
12. TITLE	D OFFICERS AND	DELETE	13. 1.1 TITL		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12  Change Addition
NAME	<b>\$O</b> KOL, ALBERT J	La pectite	1.2 NAM		SOKOL, ALBERT J.	LA Grange Applican
STREET ADDRESS	977 O ELAGUED DE CUITE FOO EACT			EET ADDRESS	319 VEDADO	
CITY-ST-ZIP	WEST PALM BEACH FL 3340			-ST-ZIP	PALM BEACH FL	
TITLE		☐ DELET <b>e</b>	2.1 TITL		S	Change Addition
NAME			2.2 NAM	IE	KENNY, LISE	_ ,
STREET ADDRESS			2.3 STR	EFT ADDRESS	213 E. LAKEWOOD RD.	i
CITY-ST-ZIP			2.4 CIT	Y-ST-ZIP	WEST PALM BEACH FL	
TITLE		DELETE	3.1 TITL	Ē		Change Addition
NAME			3.2 NAM	IE		
STREET ADDRESS			3.3 STRI	ET ADDRESS		
CITY-ST-ZIP			3.4. CIT	(-ST-ZIP		
TITLE		☐ DELET <b>E</b>	4.1 TITL	<u> </u>		Change Addition
NAME			4. 2 NAS	ΛE		
STREET ADDRESS			4.3 STR	ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE		☐ DELETE	5.1 TITL			Change Addition
NAME			5.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		Doctore		- \$1 - ZIP		
TITLE		☐ DELETE	6.1 TITU			Change Addition
NAME			6.2 NAM			·
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	- ST - ZIP		

4. 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 eath; 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 phangles, of on an attachment with an address.

Block 12 of Block 13 it diagraph, got all allactiment with an abbess