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 UIVISION OF CORPORATIONS

DOCUMENT #

P95000067163 (2)

TYPING TIPS, INC.

FILED Apr 30 1998 8:00am Secretary of State

Principal Place	an of the second							
4031 NE 12	e of Business 2TH AVENUE BEACH FL 33064	P.O. BOX 5550	LIGHTHOUSE POINT FL 33074			E IN THIS SPAC	E	-1750 1111 155 1
					3. Date Incorporated or Qualified 08/30/1995			
2. Principal F	Place of Business	2a. Mailing Address			4. Ft:l Number	·	Ar	plied For
21		26		·	65-0604851		No	t Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional			
City & State		[27]	City & State				Fee Re	·
23		28]		6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Added to Fees			
Zip Gountry		Zip			8. This corporation owes or has paid the current year Intangible			
24	25 29 30 30 9. Name and Address of Current Registered Agent		30]		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
		r ueðisteien viðetit	81	Name	10. Name and Address of New He	egistered Agen	<u> </u>	
	JEARBORN, LYNDA 031 NE 12TH AVENUE							
	OMPANO BEACH FL 33064		82	Street Add	fress (P.O. Box Number is Not Acceptable)			
			83	1				
			84	City		85	Zip C	Code
			-	17		- FL.	1 .	
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 Forida 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 [NOTE Registered Agent signature required when reinstating)] [DATE]								
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		CTOR	S IN 12
TITLE	DPST	DELETE					hange	Addition
NAME	Dearborn, Lynda		1.2 NAME				_	
STREET ADDRESS	4031 NE 12TH AVENUE		1 3 STREFT ADORESS					
CITY-ST-ZIP	POMPANO BEACH FL		14 CITY- :	S7-ZIP				
TITLE	VD	DELETE	21 THLE			□ c	hange	Addition
NAME	LACHOFF, ERIC		2.2 NAME					
STREET ADDRESS	4031 NE 12TH AVE		2 3 STAFF	T ADDRESS				
City-St-ZiP	POMPANO BCH FL	T7 45.44	2 4 CITY -	ST-ZIP				
TITLE		DELETE.	3 1 11116			Ц¢	hange	Addition
NAME			3.2 NAME					
STREET ADDRESS				I ADDRESS				1
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - 4.1 TIBLE	ST 7IP				
NAME			4 2 NAME			c	.iai ige	Addition
STREET ADDRESS			4 3 STREET	I ADDDICC				
CITY-ST-ZIP			4 3 STREET					
TITLE		DECETE	5 1 TITLE	21 - 411			hance	Addition
NAME			5.2 NAME			L v		
STREET ADDRESS			5 3 STREET	ADORESS				
CITY-SI ZIP			5.4 CITY - S					
TITEE		☐ DELETE	6 1 TITLE				hange	Addition
NAME			6.2 NAME			_ ~	3 -	
STREET ADDRESS			63 STREET	ADDRESS				
CITY-ST-ZIP			64 CITY - 9					

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 supplimental armual 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 of 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 champed, or of an attachment with an actives.

SIGNATURE:

Tunda M. K Jearborn LYNNA M. DEARRORN

4-24-98

954-784-277