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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000029214 (9)**

BRAD LIPSHAW + ASSOCIATES, INC. 2/24

THE I Mailing Address Principal Place of Business 2075 POLO GARDENS DR #106 2075 POLO GARDENS DR #106 WEST PALM BEACH FL 33414-2010 WEST PALM BEACH FL 33414 3a. Date of Last Report 3. Date Incorporated or Qualified 03/28/1996 4. FEI Number 65-0657123 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite. Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country Ζφ 8. This corporation has liability for intangible tax under s. 199.032, Zip Yes No 30 Florida Statutes 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LIPSHAW, BRAD 2075 POLO GARDENS DR #106 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33414 83 84 City Zip Code 85 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** ature required when teinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change DELETE 1.1 TITLE TITLE PRESIDENT 1.2 NAME NAME DR.,#106 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP CITY-ST-ZIF Change DELETE 2.1 TITLE 701 F 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CHTY-ST-ZIP Change DELETE 3.1 TITLE TiTLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP Change DELETE 41 TITLE THE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-S1-7H

14. I do 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

5 1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TIPLE

NAME

TILLE

NAME

STREET ADDRESS

STREET ADDRESS

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Apr 15 1997 8:00am

Secretary of State