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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90053 043 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000034464

1. Corporation Name

TIPMASTERS OF BROWARD, INC.

Principal Place of Business

7161 W. BROWARD BOULEVARD
PLANTATION FL 33317

Mailing Address

7161 W. BROWARD BOULEVARD
PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1996

4. FEI Number

65-0660499

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 owes the current year

Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 7520 NW 5TH ST

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 200

27

City & State

City & State

23 PLANTATION FL

28

Zip

Country

Zip

Country

24 33317

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOSTICK, ELLIOT D
7520 NW 5TH STREET
200 S.E. 9TH ST.,
PLANTATION FL 33317

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME WOLFMAN, JUDY
STREET ADDRESS 7161 W. BROWARD BOULEVARD
CITY-STATE-ZIP PLANTATION FL 33317

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE Treasurer ☐ DELETE
NAME Elliot Kostick
STREET ADDRESS 7520 NW 5TH ST
CITY-STATE-ZIP PLANTATION FL 33317

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ~~Attn: Schurman~~ ☐ DELETE
NAME ~~22~~
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE Pres. Officer ☐ DELETE
NAME Mimi Schurman
STREET ADDRESS 2220 NW 123RD ST
CITY-STATE-ZIP NORTH MIAMI FL 33181

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)