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FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000057439 (7)

1. Corporation Name
LIPSIO ENTERPRIZES CORPORATION

Principal Place of Business
1708 NW 10 AVENUE
GAINESVILLE FL 32605

Mailing Address
1708 NW 10 AVENUE
GAINESVILLE FL 32605-5310



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/09/1996	3a. Date of Last Report
21	22	26	27	4. FEI Number 59-3388011	Applied For Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOLDSMITH, ABIGAIL C 1708 NW 10 AVENUE GAINESVILLE FL 32605				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCENT J. LIPSIO	1.2 NAME	
STREET ADDRESS	1708 NW 10th AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE, FL 32605-5310	1.4 CITY - ST - ZIP	
TITLE	SECRETARY <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABIGAIL C. GOLDSMITH	2.2 NAME	
STREET ADDRESS	1708 NW 10th AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE, FL 32605-5310	2.4 CITY - ST - ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELEN L. STRAIN	3.2 NAME	
STREET ADDRESS	1621 NE 17th Place	3.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE, FL 32609-3945	3.4 CITY - ST - ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT K. KARP	4.2 NAME	
STREET ADDRESS	1101 NW 43rd AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE, FL 32609-1819	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 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 13 if changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED
Date: 4/25/97 Daytime Phone: 352-955-2369 x14

CR2E034 (9/96)