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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000098780 (5)

LIPTOCK ENTERPRISES, INC.

Principal	Piace o	f Busine

Mailing Address

## FILED Apr 25 1997 8:00am Secretary of State



6471 MOSELEY STREET HOLLYWOOD FL 33024		6471 MOSELEY STREET HOLLYWOOD FL 33024-4108			
				3. Date Incorporated or Qualified 12/03/1996	3a. Date of Last Report
2. Principal Pl	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
21 765			2me	65-072719	
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>		CQ 75 Additional
22		27		Cortificate of Status Desired	Fee Required
City & State	broke Pines PK	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24] ♣♣ <b>2</b>	Country 25 U&A	Z <sub>i</sub> p	Country 30	8. This corporation has liability for i Florida Statutes	ntangible tax under s. 199.032, Yes 🔲 No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re-	stered Agent
4700 SUITI HOLI	LYWOOD FL 33021		82 Street Ad 83 84 City <b>2</b>	dress (P.O. Box Number is Not Acceptable 2651 NW 6 + NS	FL 85 Zip Code
office or reagent. La	egistered egent, or both, in the State in familiar with and accept the oblig	of Florida. Such change was parions of Section 607.0505, F	ales, the above-hamed co authorized by the corpor lorida Statutes.  TE Registered Agent signature for	progration submits this statement for the pration's board of directors. I hereby acceptions the program of the	urpose of changing its registered it life appointment as registered  #//5/97
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TOLE		Change  Addition
NAME	LIPTOCK, TODD		1.2 NAME		
STREET ADDRESS	6471 MOSELEY STREET		1.3 STREET ADDRESS	2621 NO 64	Z
CITY-ST-ZIP	HOLLYWOOD FL 33024		1.4 C(1Y - S1 - 2IP	Pembroke Pines	FL 33024
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - \$1 - ZIP		
TITLE		☐ DELFTE	3.1 11TLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			: 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. C(1Y - S1 - 2(P		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 Till F	A CONTRACTOR OF THE PROPERTY O	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	144	DELFTE	5.4 CHY-\$1-7:P 6.1 TITLE		Change Addition
		[-] brut			onerigo number
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	or earlify that the information cumula	nd with this filing does not aug	dify for the exemption state	ed in Soction 119 07(3)(i) Florida Statute	. ( further portify that the

14. I do hereby certify that the information supplied with this filing does not quality 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 chapter, or on an attachment with an address.

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4/15/97

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