May 05, 1999 8:00 am Secretary of State

05-05-1999 90123 044 ***150.00

DO NOT WRITE IN THIS SPACE

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

Mailing Address 8762 LAKE TIBET CT

ORLANDO FL 32836

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000025238

1. Corporation Name

Principal Place of Business

100 E 10 COURT HIALEAH FL 33010

SIPPERS & LOOPERS, INC.

					3.	Date Incorporated or Qualifed 03/20/1997			
2. Principal Pl	ace of Business	2a. Mailing Address			4.	FEI Number			ed For
21		26			Ì	59-3487992		Not A	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Certifcate of Status Desired	•	75 Add	•
22		27				- Certificate of Status Desired	Fe	e.Requ	ired —
City & State		City & State	City & State			Election Campaign Financing	\$5	м 00.	ау Ве
23		28				Trust Fund Contribution	<u>A</u> d	ded to	Fees
Zip	Country	Zip	Zip Country			. This corporation owes the current year Int	angible		
24	25	29 3	0			Personal Property Tax.	Yes		No
	9. Name and Address of Current	Registered Agent			10.	. Name and Address of New Registered	Agent		
	81	Name		·-					
LEVE	-	82 Street Address (P.O. Box Number is Not Acceptable)							
8762	LAKE TIBET CT		82	Street Addr	ress (F	P.O. Box Number is Not Acceptable)			
ORLANDO FL 32836			83						
			84	City		FL	85	Zip Co	de
	007.050	2 - 4 CO7 4500 Ft Ct	the ebox	o nomed cor	noratio		changir	no its re	gistered
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 fills if applicable (NOTE: 5	Panistered Ane	nt signature require	ad when i	reinstating) DATE			 -
12.	OFFICERS ANI		13.	a signatura roquiro		ADDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTOR	S IN 12
TITLE	S/D	DELETE	1.1 TITLE				Cha		Addition
Į	LEVENTHAL, RONALD	<u> </u>	1.2 NAME	ļ					ļ
NAME	•			TADORESS					
STREET ADDRESS	8762 LAKE TIBET CT								
CITY-ST-ZIP	ORLANDO FL 32836	□ DELETE	1.4 C/TY-S	11-282			☐ Chi	ange	Addition
TITLE	_ · · · · · · · · · · · · · · · · · · ·		2.1 TITLE	ì			□ 4		
NAME	LEVENTHAL, JACQUELINE		2.2 NAME						
STREET ADDRESS	8762 LAKE TIBET CT		2.3 STREE	TADORESS					!
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP					- Addition
TITLE	☐ DELETE 311		3 1 TITLE				☐ Ch	ange	Addition
NAME	•		3.2 NAME						
STREET ADDRESS			3.3 STREE	TADDRESS					
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP					
TITLE		☐ DELETE	4 1 TITLE				Ch.	ange	Addition
NAME			4, 2 NAME	1					
STREET ADDRESS			4.3 STREE	T ADDRESS					ļ
CITY-ST-ZIP			4.4 CITY- 9	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Ch	ange	☐ Addition
NAME			5.2 NAME						ĺ
			53 STREE	T ADDRESS					l
STREET ADDRESS			5.4 CITY-S						ì
CITY-ST-ZIP		☐ DELETE	6.1 TITLE				☐ Ch	ange	Addition
TITLE		C) DECETE	BONAME					~	

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, go on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP