

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90053 035 ***150.00

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1. Entity Name
LIPSON FAMILY ENTERPRISES, INC.



Principal Place of Business
**1502 CAYMAN WY, #A-4
COCONUT CREEK, FL 33066**

Mailing Address
**1502 CAYMAN WY, #A-4
COCONUT CREEK, FL 33066**



02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0861154** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ASARCH, STEVEN J
1900 NW CORPORATE BLVD
STE 400 E
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LIPSON, LOUIS <i>deceased</i>
STREET ADDRESS	1502 CAYMAN WY, #A-4
CITY-ST-ZIP	COCONUT CREEK, FL 33066
TITLE	D
NAME	LIPSON, STEPHEN J
STREET ADDRESS	27 VILES ST
CITY-ST-ZIP	WESTON, MA 02193
TITLE	D
NAME	LIPSON, JEANETTE
STREET ADDRESS	1502 CAYMAN WY, #A-4
CITY-ST-ZIP	COCONUT CREEK, FL 33066
TITLE	D
NAME	LIPSON, ROBERT A
STREET ADDRESS	ONE ATWELL ROAD
CITY-ST-ZIP	COOPERSTOWN, NY 133261394
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeanette Lipson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/04 (954) 977-4844
Date Daytime Phone #