DOCUMENT # P99000067351 1. Entity Name LIPPMAN & LIPPMAN ENTERPRISES, INC. Principal Place of Business 6401 CONGRESS AVE #140 BOCA RATON, FL 33487 US BOCA RATON, FL 33487 US BOCA RATON, FL 33487 US BOCA RATON, FL 33487 US CR2E034 (10/03) 4. FEI Number 65-0939530 No Chg-P	2004 FOR PROFIT CORPORATION ANNUAL REPORT		FILED Apr 02, 2004 08:00 AM
Stad I CONGRESS AVE #140 640 I CONGRESS AVE #140 BOCA RATON, FL 33487 US DO NOT WRITE IN THIS SPACE 0302004 No Chg-P CR2E034 (10/03) A. FE: Munitality 0302004 B. Name and Address of Current Registered Agent 0302004 LIPPMAN, STEVE B401 CONGRESS AVE B401 CONGRESS AVE B414 B401	. Entity Name		Secretary of State
DO NOT WRITE IN THIS SPACE 0302004 No Chg-P CR2E034 (10/03) 4. FEI: Number 65-0939530 4. FEI: Number 65-0939530 100 Age 9. Name and Address of Current Registered Agent IJPPMAN, STEVE 4001 CONSRESS AVE STE 140 DO NOT WRITE IN THIS SPACE 300204 No Chg-P CR2E034 (10/03) Cartificate of Status Desired 38.75 Addition Fee Registered States DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and the obligatoris of registered agent. IGNATURE Space, bject or patter area of nguenes agent and tat / spatiality (NOTE Registered Agent dyname request was mediated DATE IGNATURE Space, bject or patter agent and tat / spatiality (NOTE Registered Agent dyname request was mediated UD00001020206 OFFICERS AVE DIRECTORS St. 00 May Be Added to Fees UD00001020206 ME UD00001020206 04/702/04-80037-003-150, 4 ME DO NOT WRITE Registaded	401 CONGRESS AVE 6401 CONGRESS \$140 #140		
IPPMAN, STEVE 401 CONGRESS AVE STE 140 SOCA RATON, FL 33487 DO NOT WRITE IN THIS SPACE The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. Impediate the state of Florida. I am familiar with, and the obligations of registered agent. IGNATURE Synaure, types or plinad over of registered agent and the flopticate. (HOTE, Registered Agent eight registered agent eight registered agent eight registered agent agent. DATE IGNATURE Synaure, types or plinad over of registered agent age	DO NOT WRITE IN THIS	S SPACE	03302004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied Fo 65-0939530 Not Applied 5. Conditional S8.75 Additional
the obligations of registered agent. IGNATURE Signature, types or printed name of registered agent and titls of applicable. IGNATURE Signature, types or printed name of registered agent and titls of applicable. IGNATURE PILE NOWILL FEE IS \$150.00 PILE S50.00 PILE S50.00 PILE Contribution PILE NOWILL FEE IS \$150.00 PILE Contribution PILE NOWILL FEE IS \$150.00 PILE S50.00 PILE S50	IPPMAN, STEVE 3401 CONGRESS AVE 3TE 140	······	
0. OFFICERS AND DIRECTORS TILE PD AME LIPPMAN, STEVE H IRECT ADDRESS 6401 CONGRESS AVE STE 140 BOCA RATON, FL 33487 REE TILE VTD AME LIPPMAN, KAREN BOCA RATON, FL 33487 BOCA RATON, FL 33487 TILE S BOCA RATON, FL 33487 TILE S AME LIPPMAN, MARY S 6401 CONGRESS AVE STE 140 BOCA RATON, FL 33487 TILE S AME LIPPMAN, MARY S 6401 CONGRESS AVE STE 140 BOCA RATON, FL 33487 TILE S AME LIPPMAN, MARY S 6401 CONGRESS AVE STE 140 BOCA RATON, FL 33487 TILE S ITLE S AME LIPPMAN, FL 33487 TILE S ITLE S	the obligations of registered agent. IGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election :	(NOTE: Registered Agent signature : Campaign Financing	required when reinstating) DATE
Name STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. (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 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 of 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 of 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 Blo changed, or on an attachment with an address, with all other like empowered.	ITLE PD IAME LIPPMAN, STEVE H STREET ADDRESS STREET ADDRESS		DO NOT WRITE IN THIS SPACE