May 10, 1999 8:00 am Secretary of State

05-10-1999 90138 012 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999

HOCHMAN, LORI A.

#303

4691 UNIVERSITY DRIVE

CORAL SPRINGS FL 33067



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S46313**

1. Corporation Name

SIPS & CHIPS, INC.

SIPS & UTIFS, INC.		
Principal Place of Business	Mailing Address	T (001/0/10 A)) armin einen itien treen itit einer einer einer einer einer einer einer
#303	4691 UNIVERSITY DRIVE #303 CORAL SPRINGS FL 33067	DO NOT WRITE IN THIS SPACE
CORAL SPRINGS FL 33067 US	US	3. Date Incorporated or Qualifed 04/18/1991
2. Principal Place of Business 21 4630 UNIVERSITY	De . 2a. Mailing Address Y De . 26 H63 O UNIVERSITY	DR 4. FEI Number Applied For Not Applicable Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State 23 CDRAL SPRINGS	FL 28 CORAL SPRINGS	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip Country 24 33067 25 W	S 29 33067 30 US	This corporation owes the current year Intangible Personal Property Tax. No
	Current Registered Agent	10. Name and Address of New Registered Agent

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 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. Zip Code 333067

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TOCHMAN

Address (P.O., Box Number is Not Acceptable)

UNIVERSITY

-3				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP DELETE	1,1 TITLE	DP Addition	
NAME	HOCHMAN, LORI A.	1.2 NAME	HOCHMAN, LORI A H630 UNIVERSITY DR. \$303 CORAL SPRINGS, FL 33067	
STREET ADDRESS	4691 UNIVERSITY DR #303	1.3 STREET ADDRESS	4630 UNIVERSITY DE. 000	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 3306 1	
TITLE	☐ DELETE	2.1 TΠLE	☐ Change ☐ Addition	
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME		32 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
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 TITLE	☐ Change ☐ Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-7/P		6.4 C/TY-ST-Z/P		

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 corpolation of 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 changels, or on an attach than address, with all other like empowered.

SIGNATURE: