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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

V07498

(1)

B. D. LIPKIN, CPA, P.A.							
Principal Place of	of Business	Mailing Address	3		1 1881) SI(BIT BBIT) 1881 18 18 18 18 18 18 18 18 18 18 18 1	8181 (814 B1811 B1811 918 11	DIRKE BIBIT BEBIT ABI
230 S. BEACH ST. DAYTONA BEACH FL 32114			230 S. BEACH ST. Daytona Beach FL 32114				
					3. Date Incorporated or Qualified 01/17/1992	3a. Date of Last F 04/24/	
2. Principal Plac	ce of Business	2a. Mailing Addi	ress		4. FEI Number		Applied For
1 Suite Ant #	oto	Suito Act to	- sto	·	59-3117159		Not Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	5 Additional Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.0	00 May Be
3	T Oranta	28			Trust Fund Contribution		ed to Fees
Zip 4	Country 25	Zip	30	ountry	8. This corporation has liability for in Florida Statutes Yes		199.032,
Ч	9. Name and Address of Curr			·	10. Name and Address of New Ro		
***************************************				81 Name		-Brown a vigori	
LIPKIN	, BURTON D.		82 Street Add		dress (P.O. Box Number is Not Acceptable)		
230 S.	BEACH ST.						
DAYTO	NA BEACH FL 32114			83			
				84 City		—. 85 Z	ip Code
11 Dureyant to	the gravitaione of Pactions 607.05	02 and 207 1500 Florid	to Ctob shop the ob		ration submits this statement for the purp	FL °'	
	d agent, or both, in the State of Flo	irida. Such change was	authorized by the	corporation's boa	ard of directors. I hereby accept the appoint	ointment as régistere	d agent. I am
or registere familiar with	, and accept the obligations of, Se	oction 607.0505, Florida	Statutes.				
or registere familiar with SIGNATURE	i, and accept the obligations of, Sc Ignature, typec or printed name of registered ag	ent and title if applicable	(NOTE: Register	ed Agent signature require		DATE.	
or registere familiar with SIGNATURE	i, and accept the obligations of, Sc Ignature, typec or printed name of registered as OF FICERS A	otion 607.0505, Florida int and title if applicable IND DIRECTORS	(NOTE: Register		ed which reinstating! ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	
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SIGNATURE: /

SIGNATURE AND TYPED OR PROTED NAME OF SIGNING OFFICER OR DIRECTOR

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Date