

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90125 027 ***150.00

DOCUMENT # **V07498**

1. Corporation Name

B. D. LIPKIN, CPA, P.A.

Principal Place of Business

**501 N GRANDVIEW AVE
SUITE 205
DAYTONA BEACH FL 32118
US**

Mailing Address

**501 N GRANDVIEW AVE
SUITE 205
DAYTONA BEACH FL 32118
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1992

4. FEI Number

59-3117159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution - Added to Fees -

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 400 S. Atlantic Ave.

Suite, Apt. #, etc.

22 Suite 110

City & State

23 Ormond Beach, FL

Zip

24 32176

Country

25 US

2a. Mailing Address

26 400 S. Atlantic Ave.

Suite, Apt. #, etc.

27 Suite 110

City & State

28 Ormond Beach, FL

Zip

29 32176

Country

30 US

9. Name and Address of Current Registered Agent

**LIPKIN, BURTON D.
501 N GRANDVIEW AVE
SUITE 205
DAYTONA BEACH FL 32118**

10. Name and Address of New Registered Agent

81 Name

Lipkin, Burton D.

82 Street Address (P.O. Box Number is Not Acceptable)

400 S. Atlantic Avenue

83

Suite 110

84 City

Ormond Beach

FL

85 Zip Code

32176

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **LIPKIN, BURTON D.**
STREET ADDRESS **501 N GRANDVIEW AVE**
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Lipkin, Burton D.**
1.3 STREET ADDRESS **400 S. Atlantic Avenue, Suite 110**
1.4 CITY-ST-ZIP **Ormond Beach, FL 32176**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99

Date

(904) 615-2048

Daytime Phone #

CR2E034 (1/98)