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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

CUMENT # 149706

(4)

Corporation Name	149700
P. H. N. EQUIPMENT,	INC.

FILED Jan 22 1997 8:00am Secretary of State



Principal Place of Business Mailing Address									
4190 N W 72 AVE MIAMI FL 33168		4190 N W 72 AVE Miami FL 33166-6840							
						3. Date Incorporated or Qua 01/03/1947		te of Last F 05/1996	Report
	Place of Business	2a. Maling Addri	ess			4. FEI Number	 	A	pplied For
21		26				59-0559188			ot Applicable
Suite, Apt	#, etc	Suite, Apt. #,	etc.			5. Certificate of Status Desir	red 🔲		Additional
Care R. Carl	Io	City & State							equired
City & Stat	ic.	28				Election Campaign Finan Trust Fund Contribution	cing		May Be to Fees
Zip	Country	7.p	Co	ountry	·	8. This corporation has liabi			· · · · · · · · · · · · · · · · · · ·
24	25	29	30	•		Florida Statutes	Yes [1. 100,002,
<u> </u>	9. Name and Address of Curre		11	7		10, Name and Address of N	lew Registered	igent	
PHI	LLIPS, FRED W.			61	Name				
	0 NW 72 AVE			82	Street Add	ress (P.O. Box Number is Not Ac	cceptable)		
MIA	MI FL 33166			"	Oli oct 7 taa	too (i to box rainbar la riot ra	, copiasio,		
				83					
				84	City			85 Zip	Code
	to the provisions of Sections 607 050						FL		
SIGNATURE	nn familiar with, and accopt the oblig	ent and line if applicable	(NOTE Registe	red Age		ored when reinstaring)	DATE	DIDEOTO	
12.	OFFICERS AN	ID DIRECTORS DE	13	·		ADDITIONS/CHANGES TO	OFFICERS AND	Change	Additio
T-TLE NAME	PHILLIPS, FRED W.	Dr.		TITLE Name				TI CHENSE	L. Mouth
STREET ADDRESS	4190 N.W. 72ND AVENUE				ADDRESS				
CHY-ST-ZIF	MIAMI FL		1	CITY-S	1	•			
TITLE	S	DE		TITLE	,,,,,,			Change	Additio
NAME	PHILLIPS, PAUL S.		2.2	NAME					
STREET ADDRESS	4190 N.W. 72ND AVENUE		2.3	STREET	ADDRESS	•			
CITY-S* ZIP	MIAMI FL		2. 4	CITY-	ST-ZIP				
TITLE		DE	LETE 3.1	TITLE				Change	Additio
NAME			3.2	NAME					
STREET ADDRESS			33	\$TREET	ADORESS				
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NAME			4 2	NAME					
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NAM!				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZiP	Í.		6.4	CITY - 5	ST-ZIP				

14. To 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 trusted 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.