

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monrath,
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1995 MAY -1 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F63043**

(6)

1. Corporation Name
PHIL-CHRIS TERRACE, INC.

500001492075
-05/17/95--01158--023
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business
**% CHRISTINE PHILBRICK
600 BILTMORE WAY, #417
CORAL GABLES FL 33134
US**

Mailing Address
**C/O KENNETH LANCASTER CPA/PA
50 W MASHTA DR #6
KEY BISCAYNE FL 33149
US**

3. Date Incorporated or Qualified **01/13/1982** 3a. Date of Last Report **02/28/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-2237819** Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANCASTER, KENNETH M CPA
50 W MASHTA DR #6
KEY BISCAYNE FL 33149-9496**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 for 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	PHILBRICK, JACKSON E.
STREET ADDRESS	111 BOYD DR
CITY- ST- ZIP	FLT ROCK NC
TITLE	SD
NAME	MONROE, JILL
STREET ADDRESS	18 HIGDON CT
CITY- ST- ZIP	FT WALTON BEACH FL
TITLE	DPT
NAME	PHILBRICK, CHRISTINE
STREET ADDRESS	600 BILTMORE WAY, APT. 407
CITY- ST- ZIP	CORAL GABLES FL
TITLE	D
NAME	LANCASTER, KENNETH M
STREET ADDRESS	50 W MASHTA DR, SUITE 6
CITY- ST- ZIP	KEY BISCAYNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1 TITLE	T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2 NAME	PHILBRICK, ROSEMARY
3 STREET ADDRESS	111 BOYD DR.
4 CITY- ST- ZIP	FLT ROCK NC
21 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MONROE, JILL F
23 STREET ADDRESS	18 HIGDON CT
24 CITY- ST- ZIP	FT WALTON BEACH FL
31 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	PHILBRICK, JACKSON E
33 STREET ADDRESS	111 BOYD DR.
34 CITY- ST- ZIP	FLT ROCK NC
41 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	PHILBRICK, CHRISTINE J
43 STREET ADDRESS	600 BILTMORE WAY, APT. 407
44 CITY- ST- ZIP	CORAL GABLES FL
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 person or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 23 if changed, or on an attachment with my address.

SIGNATURE: *Jackson E. Philbrick*
JACKSON E. PHILBRICK (OFFICER OR DIRECTOR)