PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P37832

1. Corporation Name

PHIME SUCCESSION OF FLORID	/A, INO						
Principal Place of Business	Mailing Address			 	#1 ## 1031 0 1481 # 1811	DIEN BIBN BIBN BI	Alt Sillet Lant
691 TEKULVE AVE. 3940 OLYMPIC BLVD							
BATESVILLE IN 47006 SUITE 500							
US ERLANGER KY 41018				DO NOT WRITE IN THIS SPACE			
			**	corporated or Qua	elifed		
2. Principal Place of Business	2a. Mailing Address		4. FEI Nu	mber		App	lied For
21 3940 OLYMPIC BLV	/ D. 26		35-18	61112		Not	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifoa	ate of Status Desir	ed 🗆	\$8.75 Ac	
City & State	City & State		6. Election	n Campaign Finan	cing _	\$5.00	May Be
23 ERLANGER KY 28 Zip Country Zip		Country		und Contribution orporation owes the		Added to	
24 41018 25 USA	29	30	Person	al Property Tax.		☐ Yes	□No
9. Name and Address of Cui	rrent Registered Agent		10. Name	and Address of N	lew Registered	I Agent	
C T CORPORATION SYSTEM		81 Name	Add (D.O. Bau	Number is Not Ac	acetable)		
1200 SOUTH PINE ISLAND ROAD			Address (P.O. Box	. Itullipel is ituli Ac			
PLANTATION FL 33324		83					
		84 City			FI	85 Zip C	ode
11. Pursuant to the provisions of Sections 607. office or registered agent, or both, in the St agent. I am familiar with, and accept the ob	tate of Florida. Such change was a oligations of, Section 607.0505, Flo	orida Statutes.	oration's board of t	ts this statement for directors. I hereby	accept the appr	of changing its reg	registered pistered
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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 addiress, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

City-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Change

☐ Addition

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90114 003 *1,050.00