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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P93000038610**

1. Corporation Name
PHILCO, INC.



Principal Place of Business: % PHYLLIS HOFFMAN ONE BREAKERS ROW SURF. SUITE 313 PALM BEACH FL 33480
 Mailing Address: % PHYLLIS HOFFMAN ONE BREAKERS ROW SURF. SUITE 313 PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/28/1993**
 4. FEI Number: **65-0413095**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 **ONE BREAKERS ROW** Suite, Apt. #, etc. **PENTHOUSE 163** City & State **PALM BEACH FL** Zip **33480** Country
 2a. Mailing Address: 26 **ONE BREAKERS ROW** Suite, Apt. #, etc. **PENTHOUSE 163** City & State **PALM BEACH FL** Zip **33480** Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOFFMAN, PHYLLIS
ONE BREAKERS ROW SURF
SUITE 313 PENTHOUSE 163
PALM BEACH FL 33480

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 (family or other) and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Phyllis Hoffman DATE: 3/25/99
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D <input type="checkbox"/> DELETE
NAME	HOFFMAN, PHYLLIS
STREET ADDRESS	ONE BREAKERS ROW SURF, SUITE 313
CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	ONE BREAKERS ROW, PENTHOUSE
1.4 CITY-ST-ZIP	PALM BEACH, FL 33480 163
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: Phyllis Hoffman DATE: 3/25/99 305-695-1999
Signature, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1.1/98)