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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 11 1997 8:00am

Secretary of State

3-6-97 904-626-9167

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # **P95000088570** (3)

PHILLIPS ADVANCED CERAMICS, INC.

Principal Place of Business Mailing Address 5775 BERRYHILL RD 5775 BERRYHILL RD MILTON FL 32570 MILTON FL 32570-8281 3. Date Incorporated or Qualified 3a. Date of Last Report 11/17/1995 02/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3346839 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country This corporation has liability for intangible tax under s. 199.032, 25 29 Yes No 24 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PHILIPS, ANTHONY **5775 BERRYHILL ROAD** Street Address (P.O. Box Number is Not Acceptable) MILTON FL 32570 83 84 City 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 or registered agent, or both in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Land familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Supported by proceedings of degistered agent and little disputantie (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) DELETE THUE 11 TITLE Change Addition PHILIPS, ANTHONY NAME 1.2 NAME **CR2E034 5775 BERRYHILL ROAD** STREET ADDRESS 1.3 STREET ADDRESS MILTON FL CDY-S1-709 14 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY \$1-700 2 4 CITY-ST-ZIP THE F DELETE 3 1 TITLE Change Addition NAME 32 NAME STHEET ACIDRESS 3.3 STREET ADDRESS CITY -ST-782 34. CITY-ST-ZIP 1000 DELETE 4.1 TITLE \_\_\_ Change Addition NAME 4 2 NAME STREET AUDBESS 4.3 STREET ADDRESS 00Y-\$1-7P 4.4 City - St - ZiP THE DELETE 51 TITLE Change Addition | NAMI 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS City-St-ZiF 5.4 CITY - ST - ZIP DELETE 1.111 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST- ZIP 14. I do hereby certly 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 changes or on an area grant an address.