

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000090185 (6)

1. Corporation Name
PHILLIPS FIRE SPRINKLERS, INC.



Principal Place of Business: **11464 NW 41ST ST CORAL SPRINGS FL 33065**
Mailing Address: **11464 NW 41ST ST CORAL SPRINGS FL 33065**

3. Date Incorporated or Qualified: **11/21/1995**
3a. Date of Last Report

21	22	23	24	25	26	27	28	29	30	4.	5.	6.	7.
Principal Place of Business		Mailing Address		FEI Number		Certificate of Status Desired		Election Campaign Financing		Date of Last Report		This corporation has liability for intangible tax under s 199.032, Florida Statutes	
3651 NW 124 Ave		3651 NW 124 Ave		65-0629588		<input type="checkbox"/>		<input type="checkbox"/>		11/21/1995		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For		\$8.75 Additional Fee Required		\$5.00 May Be Added to Fees					
City & State		City & State		Not Applicable									
CORAL SPRINGS, FL 33065		CORAL SPRINGS, FL											
Zip: 33065 Country: BROWARD		Zip: 33065 Country: BROWARD											

9. Name and Address of Current Registered Agent

**MUCCI, MARK S
C/O BENSON, MOYLE & CHAMBERS
ONE FINANCIAL PLAZA, SUITE 1600
FT LAUDERDALE FL 33394**

10. Name and Address of New Registered Agent

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

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 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	NAME	1.1 TITLE	1.2 NAME
	PHILLIPS, ROBERT H	President	
STREET ADDRESS	11464 NW 41ST ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	Vice President
		2.2 NAME	MARK PHILLIPS
STREET ADDRESS		2.3 STREET ADDRESS	7510 NW 40th ST.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE		3.1 TITLE	Vice President
		3.2 NAME	SHAWN R. LANIER
STREET ADDRESS		3.3 STREET ADDRESS	11464 NW 41st STREET
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE		4.1 TITLE	
		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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.

SIGNATURE: *[Signature]* **2-20-96 (904) 391-4025**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)