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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 340306

R.W. PHILLIPSON, INC.

	•					AK aka k aka h aks il	
Principal Place of Business Mailing Address					4 : 00/050 14/14 018/1 06/06 41/14 00/10 0/1/1 0/0/1 0/0/1 0/0/1 0/0/1 0/0/1		
SUITE 407 F		4826 NORTHWEST 8TH STREI PLANTATION FL 33317 US			DO NOT WRITE IN TH	IIS SPACE	
US					3. Date Incorporated or Qualifed		
	-				01/20/1969		
2. Principal P	Place of Business	2a. Mailing Address	Ża. Mailing Address		4. FEI Number	Applied For	
21		26			59-1286663		ot Applicable
Suite, Apt. #, etc. 2		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip Country		Zip	Zip Country		8. This corporation owes the current year Intangible		
24	25 29 30		5		Personal Property Tax. ☐ Yes ☐ No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Register	ed Agent	
			81	Name		-	
EGNER, TED 9.3067 E COMMERCIAL BLVD FT LAUDERDALE FL 33308			82	Street Ad	et Address (P.O. Box Number is Not Acceptable)		
			83				
			84	City	# # # # # # # # # # # # # # # # # # #	. 85 Zip	Code 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 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	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	gistered Agen	it signature requ	uired when reinstating) DATE		
12.	J: OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE ∂ຶ⊄ੈ	PD 4 4 (200 4 1)	☐ DELETE	1.1 TITLE	•	÷ •	Change	☐ Addition
NAME	FRIDOVICH, NAOMI		1.2 NAME	[*
STREET ADDRESS 10208 NORTHWEST 24TH PLACE, SUITE 407			1.3 STREET	ADDRESS			
CITY-ST-ZIP	SUNRISE FL	,	1.4 CITY-S				
TITLE	STD	☐ DELETE	2.1 TITLE	<u>,</u>		☐ Change	Addition
NAME	FRIDOVICH, MARK		2.2 NAME				
STREET ADDRESS	1187 SOUTH STREET	i	2.3 STREET	ADDESS			
CITY-ST-ZIP	NEEDHAM MA		2.4 CITY-S				
TITLE	VO	DELETE	3.1 TITLE	II-Dr		Change	Addition
NAME	TOLEDO, SANDRA F.	_	3.2 NAME	į			
STREET ADDRESS	4826 NW 8 STREET		3.3 STREET	ADDRESS			. {
!	PLANTATION FL	·	3.4. CITY-S				Shiright
, CITY-ST-ZIP		☐ DELETE	4.1 TITLE	1-21		Change	7 Addition
NAME			4,2 NAME				
DING VI. IF	125 - 135 - 1	· · · ·	4.3 STREET	, ADDÓEGO			}
STREET ADDRESS	·	•			•		
CITY-ST-ZIP			4.4 CITY-ST	1-41P		Change	Addition
			5.2 NAME				٠
NAME	<u> </u>		5.3 STREET	ADDRESS	* " . •		
STREET ADDRESS	PE -		5.4 CITY-S1		14 g 14 .		
CITY-ST-ZIP	Theory and Art P	☐ DELETE	6.1 TITLE	1-415	* · * * ·	Change	☐ Addition
TITLE	The state of the s	□ DELETE	6.2 NAME				- Addition
NAME	Survey of		6.3 STREET	ADDESS			
STREET ADDRESS			O.J J I REE I	PER			1

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 address, with all other like empowered.

6.4 CITY-ST-ZIP

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90043 036 ***150.00