

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Jun 25 1996 8:00 am  
Secretary of State

DOCUMENT # **613565** (1)  
1. Corporation Name  
**PHILIP CROSBY ASSOCIATES, INC.**



Principal Place of Business Mailing Address  
**C/O CYNTHIA D GRIFFIN**  
**3260 UNIVERSITY BLVD #175 POB 6006**  
**WINTER PARK FL 32793-3006**

3. Date Incorporated or Qualified **03/20/1979** 3a. Date of Last Report **02/07/1995**  
4. FEI Number **59-1923028** Applied For Not Applicable  
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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **C/O R.T. NEWTON** 26 **C/O R.T. NEWTON**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **1700 WEST PALM BEACH LAKES BLVD** 27 **1700 W. PALM BEACH LAKES BLVD**  
City & State City & State  
23 **WEST PALM BEACH, FL** 28 **W. PALM BEACH, FLORIDA**  
Zip Country Zip Country  
24 **33401** 25 **U.S.A.** 29 **33401** 30 **U.S.A.**

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Typed or printed name of registered agent (a.k.a. Title) and phone number Date: Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS

TITLE	<b>DVTC</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CALISE, LARRY J</b>	
STREET ADDRESS	<b>3260 UNIVERSITY BLVD</b>	
CITY - ST - ZIP	<b>WINTER PARK FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GRIFFIN, CYNTHIA D</b>	
STREET ADDRESS	<b>3260 UNIVERSITY BLVD</b>	
CITY - ST - ZIP	<b>WINTER PARK FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CUNNINGHAM, PAUL H.</b>	
STREET ADDRESS	<b>1700 PALM BCH LKS BLVD</b>	
CITY - ST - ZIP	<b>W PALM BCH FL 33401</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DELETED</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ROBERT GERARD CARA</b>	
1.3 STREET ADDRESS	<b>CENTENARY HOUSE, S. HILL STREET</b>	
1.4 CITY - ST - ZIP	<b>RICHMOND, SURREY TW9 1SP U.K.</b>	
2.1 TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MARIE-CLAIRE GEORGE</b>	
2.3 STREET ADDRESS	<b>CENTENARY HOUSE, S. HILL STREET</b>	
2.4 CITY - ST - ZIP	<b>RICHMOND, SURREY TW9 1SP U.K.</b>	
3.1 TITLE	<b>VICE - PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>RICHARD TODD NEWTON</b>	
3.3 STREET ADDRESS	<b>1700 PALM BEACH LAKES BLVD</b>	
3.4 CITY - ST - ZIP	<b>W. PALM BEACH FLORIDA 33401</b>	
4.1 TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>NEIL ANTHONY CORREY</b>	
4.3 STREET ADDRESS	<b>1700 PALM BEACH LAKES BLVD</b>	
4.4 CITY - ST - ZIP	<b>W. PALM BEACH, FLORIDA 33401</b>	
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 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: *Marie-Claire George* **MARIE-CLAIRE GEORGE** 06/04/96 (44) 181 948  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Type in block of 4)

CR2E034 (12/95)