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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996/1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 613565
1. Corporation Name

PHILIP CROSBY ASSOCIATES, INC.

Principal Place of Business Mailing Address
3260 University Blvd.
Winter Park, FL 32793

3. Date Incorporated or Qualified 7/20/89 3a. Date of Last Report 6/25/96

2. Principal Place of Business 21 1700 Palm Beach Lakes Blvd. Suite, Apt. #, etc. 22 700 City & State 23 West Palm Beach, FL Zip 24 33401	2a. Mailing Address 25 1700 Palm Beach Lakes Blvd. Suite, Apt. #, etc. 27 700 City & State 28 West Palm Beach, FL Zip 29 33401	4. FEI Number 59-2955670 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Director	1.1 TITLE	President/Director
NAME	Paul Cunningham	1.2 NAME	Richard T. Newton
STREET ADDRESS	1700 Palm Beach	1.3 STREET ADDRESS	1700 Palm Beach Lakes Blvd.
CITY-ST-ZIP	West Palm Beach, FL 33401	1.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	Treasurer	2.1 TITLE	Treasurer
NAME	Larry J. Calise	2.2 NAME	Neil Corkery
STREET ADDRESS	3260 University Blvd.	2.3 STREET ADDRESS	1700 Palm Beach Lakes Blvd.
CITY-ST-ZIP	Winter Park, FL 32793	2.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	Secretary	3.1 TITLE	Secretary
NAME	Cynthia Griffin	3.2 NAME	F. Steven Hitchcock
STREET ADDRESS	3260 University Blvd.	3.3 STREET ADDRESS	1700 Palm Beach Lakes Blvd.
CITY-ST-ZIP	Winter Park, FL 32793	3.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-9-97

(561) 697-9600

FILED
97 JUN 16 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (3/96)