

7
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
---	---	--

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

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.	2a. Mailing Address 26 1700 Palm Beach Lakes Blvd.	4. FEI Number 59-2955670	Applied For Not Applicable
Suite, Apt. #, etc. 22 700	Suite, Apt. #, etc. 27 700	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 West Palm Beach, FL	City & State 28 West Palm Beach, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 33401	Country 25 USA	Zip 29 33401	Country 30 USA
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President/Director <input checked="" type="checkbox"/> DELETE	11 TITLE President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME Paul Cunningham	12 NAME Richard T. Newton
STREET ADDRESS 1700 Palm Beach	13 STREET ADDRESS 1700 Palm Beach Lakes Blvd.	CITY-ST-ZIP West Palm Beach, FL 33401	14 CITY-ST-ZIP West Palm Beach, FL 33401
TITLE Treasurer <input checked="" type="checkbox"/> DELETE	21 TITLE Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	22 NAME Larry J. Calise	22 NAME Neil Corkery
STREET ADDRESS 3260 University Blvd.	23 STREET ADDRESS 1700 Palm Beach Lakes Blvd.	CITY-ST-ZIP Winter Park, FL 32793	24 CITY-ST-ZIP West Palm Beach, FL 33401
TITLE Secretary <input checked="" type="checkbox"/> DELETE	31 TITLE Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	32 NAME Cynthia Griffin	32 NAME F. Steven Hitchcock
STREET ADDRESS 3260 University Blvd.	33 STREET ADDRESS 1700 Palm Beach Lakes Blvd.	CITY-ST-ZIP Winter Park, FL 32793	34 CITY-ST-ZIP West Palm Beach, FL 33401
TITLE <input type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	42 NAME	42 NAME
STREET ADDRESS	43 STREET ADDRESS	43 STREET ADDRESS	43 STREET ADDRESS
CITY-ST-ZIP	44 CITY-ST-ZIP	44 CITY-ST-ZIP	44 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	51 TITLE	51 TITLE	51 TITLE
NAME	52 NAME	52 NAME	52 NAME
STREET ADDRESS	53 STREET ADDRESS	53 STREET ADDRESS	53 STREET ADDRESS
CITY-ST-ZIP	54 CITY-ST-ZIP	54 CITY-ST-ZIP	54 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	61 TITLE	61 TITLE
NAME	62 NAME	62 NAME	62 NAME
STREET ADDRESS	63 STREET ADDRESS	63 STREET ADDRESS	63 STREET ADDRESS
CITY-ST-ZIP	64 CITY-ST-ZIP	64 CITY-ST-ZIP	64 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]* **6-9-97** (561) 697-9600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)

400002212224--2
-06/16/97--01004--002
******225.00 ****225.00**

[Handwritten Signature]