

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 MAR 14 AM 8:44**

**DOCUMENT # F30281 (2)**  
1. Corporation Name  
**PHILLY ONE, INC.**

Principal Place of Business  
**2000 BISCAYNE BLVD  
200  
AVENTURA FL 33180  
US**

Mailing Address  
**2000 BISCAYNE BLVD  
200  
AVENTURA FL 33180  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**05/15/1981**

3a. Date of Last Report  
**04/19/1994**

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

State, Apt. #, etc.  
**22**

City & State  
**23**

Zip Country  
**24 25**

State, Apt. #, etc.  
**27**

City & State  
**28**

Zip Country  
**29 30**

4. FEI Number  
**59-2206711**

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**

6. The corporation has liability for intangible tax under S. 190.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**BEDZOW, MICHAEL  
20803 BISCAYNE BLVD  
SUITE 200  
AVENTURA FL 33180**

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 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE: **DS-**  
NAME: **KAN, ALAN J**  
STREET ADDRESS: **20803 BISCAYNE BLVD, SUITE 200**  
CITY-ST-ZIP: **AVENTURA FL**

TITLE: **DP**  
NAME: **KORN, GARY A**  
STREET ADDRESS: **20803 BISCAYNE BLVD, SUITE 200**  
CITY-ST-ZIP: **AVENTURA FL**

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: \_\_\_\_\_  
2. NAME: **DS**  
3. STREET ADDRESS: **MICHAEL BEDZOW**  
4. CITY-ST-ZIP: \_\_\_\_\_

5. TITLE: **DPT**  
6. NAME: \_\_\_\_\_  
7. STREET ADDRESS: \_\_\_\_\_  
8. CITY-ST-ZIP: \_\_\_\_\_

9. TITLE: \_\_\_\_\_  
10. NAME: \_\_\_\_\_  
11. STREET ADDRESS: \_\_\_\_\_  
12. CITY-ST-ZIP: \_\_\_\_\_

13. TITLE: \_\_\_\_\_  
14. NAME: \_\_\_\_\_  
15. STREET ADDRESS: \_\_\_\_\_  
16. CITY-ST-ZIP: \_\_\_\_\_

17. TITLE: \_\_\_\_\_  
18. NAME: \_\_\_\_\_  
19. STREET ADDRESS: \_\_\_\_\_  
20. CITY-ST-ZIP: \_\_\_\_\_

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I hereby certify that the information was filed on this day, \_\_\_\_\_, 1995, and that my signature shall have the same legal effect as if made under oath, that I am an officer or director, officer or trustee of the corporation or trustee or partner as required to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or is registered agent with an address.

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