

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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F46975

(1)

1. Corporation Name

PHILAN CORPORATION

Principal Place of Business

C/O ROBERT CALEFFE
255 COMMERCIAL BOULEVARD
LAUDERDALE-BY-THE-SEA FL 33306

Mailing Address

C/O ROBERT CALEFFE
255 COMMERCIAL BOULEVARD
LAUDERDALE-BY-THE-SEA FL 33306-4410

3. Date Incorporated or Qualified
10/01/1981

3a. Date of Last Report
03/29/1996

4. FEI Number

59-2131194

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

3101 N. Federal Hwy, 6th Fl

City & State

St. Lauderdale, FL

Zip

33306

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

3101 N. Federal Hwy, 6th Fl

City & State

St. Lauderdale, FL

Zip

33306

Country

30

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

9. Name and Address of Current Registered Agent

CALEFFE, ROBERT
255 COMMERCIAL BOULEVARD
LAUDERDALE-BY-THE-SEA FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3101 N. Federal Hwy, 6th Fl

83

84 City & State

St. Lauderdale

FL

85 Zip Code

33306

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	CALEFFE, ROBERT	
STREET ADDRESS	255 COMMERCIAL BLVD	
CITY - ST - ZIP	LAUD-BY-THE-SEA, FL 33306	
TITLE		<input type="checkbox"/> DELETE
NAME	CALEFFE, ROBERT	
STREET ADDRESS	255 COMMERCIAL BLVD	
CITY - ST - ZIP	LAUD-BY-THE-SEA, FL 33306	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3101 N. Federal Hwy, 6th Fl
1.4 CITY - ST - ZIP	St. Lauderdale, FL 33306
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3101 N. Federal Hwy, 6th Fl
2.4 CITY - ST - ZIP	St. Lauderdale, FL 33306
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 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.

Robert R. Caleffe

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-97 954-564-6702

CR2E034 (9/96)