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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F69040 (6)

1. Corporation Name

PHYLEE SALES, INC.



Principal Place of Business

Mailing Address

P.O. BOX 770478  
5455 NW 56TH CT  
OCALA FL 34477  
US

P.O. BOX 770478  
5455 NW 56TH CT  
OCALA FL 34477  
US

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 770478

26 P.O. Box 770478

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 OCALA FL.

28 OCALA FL.

24 Zip

25 Country

29 Zip

30 Country

34477

USA

34477

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TABANKIN, PHYLLIS  
5455 NW 56TH CT  
FT LAUDERDALE FL 33319

81 Name TABANKIN, PHYLLIS

82 Street Address (P.O. Box Number is Not Acceptable)  
5426 SW. 87TH PL

83

84 City OCALA

FL

85 Zip Code 34476

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 *Phyllis Tabankin* PHYLLIS TABANKIN

DATE 2/7/96

(Signature required on printed name of registered agent and filed application)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME TABANKIN, PHYLLIS  
STREET ADDRESS P.O. BOX 770478  
CITY-STATE-ZIP OCALA FL

TITLE P  
NAME TABANKIN, PHYLLIS  
STREET ADDRESS 5455 N.W. 56TH COURT  
CITY-STATE-ZIP FT. LAUDERDALE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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: *Phyllis Tabankin* PHYLLIS TABANKIN

DATE 2/7/96

352 237-1682

X Daytime Phone #

CR2E034 (12/95)