

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 2:08

DOCUMENT # F73776

(9)

1. Corporation Name

PHILLY STATION, INC.

Principal Place of Business

8761 PERIMETER PARK BLVD.
SUITE 201
JACKSONVILLE FL 32216
US

Mailing Address

8761 PERIMETER PARK BLVD.
SUITE 201
JACKSONVILLE FL 32216
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/10/1982

3a. Date of Last Report

02/02/1994

4. FEI Number

59-2168304

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DARABI, FARZIN
8761 PERIMETER PARK BLVD., #201
JACKSONVILLE FL 32216

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME BARABI, FRANK
STREET ADDRESS 9951 N.W. 91ST. BLVD.
CITY- ST- ZIP GAINESVILLE FL

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

DARABI, FRANK
5519 NW 91ST BLVD

☒ Change ☐ Addition

TITLE PD
NAME FARZIN, DARABI
STREET ADDRESS 159 ELEVENTH ST
CITY- ST- ZIP ATLANTIC BCH FL

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

DARABI, FARZIN

☒ Change ☐ Addition

TITLE STD
NAME PARTOW, RAMIN
STREET ADDRESS 159 ELEVENTH ST
CITY- ST- ZIP ATLANTIC BCH FL

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

335 ELEVENTH ST.

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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 checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone