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Feb 14 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 # 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~~

3. Date Incorporated or Qualified
02/10/1982

3a. Date of Last Report
02/06/1996

2. Principal Place of Business

21 500 SOUTH 3rd ST

Suite, Apt. #, etc.

22

23 JKSU BEACH FL

24 32250 25 US

2a. Mailing Address

26 500 SOUTH 3rd ST.

Suite, Apt. #, etc.

27

28 JKSU BEACH FL

29 32250 30 US

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

500 SOUTH 3rd Street

83

84 City JACKSONVILLE BEACH FL

85 Zip Code 32250

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 VD ☐ DELETE

NAME DARABI, FRANK
STREET ADDRESS 5519 NW 91ST BLVD
CITY-ST-ZIP GAINESVILLE FL

TITLE PD ☐ DELETE

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

TITLE STD ☐ DELETE

NAME PARTOW, RAMIN
STREET ADDRESS 335 ELEVENTH ST.
CITY-ST-ZIP ATLANTIC BCH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97

Date

Daytime Phone #

CR2E034 (9/96)