

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F74164** (7)

1. Corporation Name

P.H.B. INC.



Principal Place of Business

Mailing Address

% PAMELA HAINES BRITTIN
6502 KENDALE LAKES DRIVE #207
MIAMI FL 33183

% PAMELA HAINES BRITTIN
6502 KENDALE LAKES DRIVE #207
MIAMI FL 33183

2. Principal Place of Business

2a. Mailing Address

21 **5613 N.W. 48 Way**

26 **5613 N.W. 48 Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **TAMARAC FLA**

28 **TAMARAC FLA**

Zip Country

Zip Country

24 **33319 2838** 25 **Broward**

29 **33319 2838** 30 **Broward**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

03/30/1982

04/27/1995

4. FEI Number

Applied For

59-2179710

☒ 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

10. Name and Address of New Registered Agent

BRITTIN, PAMELA HAINES
6502 KENDALE LAKES DRIVE #207
MIAMI FL 33183

81 Name

BRITTIN Pamela HAINES

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

5613 N.W. 48 Way

83

3

84 City

TAMARAC FLA

FL

85 Zip Code

33319 2838

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Pamela Haines Brittin Pres.

(Signature typed or printed name of registered agent and state if applicable)

(If FEI: Registered Agent Signature Required, see instructions)

1/30/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PD
BRITTIN, PAMELA HAINES
6502 KENDALE LAKES DRIVE
MIAMI FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

D
HAINES, SEAN B.
6502 KENDALE LAKES DR.
MIAMI FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

ST
BRITTIN, ROBERT E
6502 KENDALE LAKES DR.
MIAMI FL 33183

☐ DELETE

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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:

Pamela H. Brittin Pres.

(Signature typed or printed name of signing officer or director)

1-30-96

Date Daytime Phone #

CR2E034 (12/95)