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 # **F93000000291 (5)**

1. Corporation Name

PHYLE INDUSTRIES LIMITED, INC.

Principal Place of Business	Mailing Address
2901 SO OCEAN BLVD STE 1002 HIGHLAND BCH FL 33487 US	% ALBERT KETEYIAN, CPA 7183 M-15 CLARKSTON MI 48346 US

2. Principal Place of Business		2a. Mailing Address	
21		26	% ALBERT KETEYIAN
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	7183 N MAIN ST
City & State		City & State	
23		28	CLARKSTON MI
Zip	Country	Zip	Country
24	25	29 48346	30 USA

3. Date Incorporated or Qualified: **01/21/1993**
3a. Date of Last Report: **02/21/1995**
4. FEI Number: **38-2409939** ☐ 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

PHYLE, CHARLES E
2901 S. OCEAN BLVD., UNIT 1002
HIGHLAND BEACH FL 33487

10. Name and Address of New Registered Agent

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 _____ (NOTE: A registered agent's signature is required before filing.) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PHYLE, CHARLES E		1.2 NAME	
STREET ADDRESS	2901 S. OCEAN BLVD., UNIT 1002		1.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487		1.4 CITY-ST-ZIP	
TITLE	PST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PHYLE, CHARLES E		2.2 NAME	
STREET ADDRESS	2901 S. OCEAN BLVD., UNIT 1002		2.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KETEYIAN, ALBERT Z		3.2 NAME	
STREET ADDRESS	682 SEDGEFIELD DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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: _____ ALBERT Z KETEYIAN VP 2/13/96 (810) 625-0191 EXT 1226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #