

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 31 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000000291 (5)**

1. Corporation Name  
**PHYLE INDUSTRIES LIMITED, INC.**

Principal Place of Business

**2901 SO OCEAN BLVD  
STE 1002  
HIGHLAND BCH FL 33487  
US**

Mailing Address

**C/O ALBERT KETEVIAN  
7183 N MAIN ST  
CLARKSTON MI 48346  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>4401 S. OCEAN BLVD. #2</b>		26		01/21/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		38-2409939	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 <b>HIGHLAND BEACH FL</b>		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 <b>33487-4203</b>		29			
Country		Country			
25 <b>US</b>		30			

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

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	CD	1.1 TITLE	CD
NAME	PHYLE, CHARLES E	1.2 NAME	PHYLE, CHARLES E
STREET ADDRESS	2901 S. OCEAN BLVD., UNIT 1002	1.3 STREET ADDRESS	4401 S. OCEAN BLVD. #2
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	1.4 CITY-ST-ZIP	HIGHLAND BEACH FL 33487-4203
TITLE	PST	2.1 TITLE	PST
NAME	PHYLE, CHARLES E	2.2 NAME	PHYLE, CHARLES E
STREET ADDRESS	2901 S. OCEAN BLVD., UNIT 1002	2.3 STREET ADDRESS	4401 S. OCEAN BLVD. #2
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	2.4 CITY-ST-ZIP	HIGHLAND BEACH FL 33487-4203
TITLE	V	3.1 TITLE	
NAME	KETEVIAN, ALBERT Z	3.2 NAME	
STREET ADDRESS	682 SEDGEMOUNT DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

ALBERT Z. KETEVIAN, VP

3/31/98 (248)625-0191 EXT 1226

CR2E034 (10/97)