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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000000291

PHYLE INDUSTRIES LIMITED, INC.										
							1 10001200 1110 10100 2111	18 111 18 111 38 111 18 121	1001 1200 MAN	18181 1183 1883
Principal Plac	e of Business	Mailing A	.ddress					ab ile ab ile ab ile	OCINE BRITA HOLD	
4401 S OCEAN	BLVD SUITE 2	C/O ALRE	RT KETEYIAN							
STE 1002 7183 N MAIN ST										
HIGHLAND BEACH FL 33487-4203 CLARKSTON MI 48346							DO NO	OT WRITE IN THI	SPACE	
US		US					3. Date incorporated or C	ualifed		
							01/21/1993	·		
2. Principal P	lace of Business	2a. Mailin	g Address				4. FEI Number		Ap	plied For
21		26					38-2409939		 _	t Applicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.				5. Certifcate of Status De	sired 🔲	\$8.75 A	-
22		27					· +		Fee Re	quired
City & Stat	e	City 8	& State				Election Campaign Fin	- 1 [\$5.00	
23		28					Trust Fund Contribution	<u> </u>	Added t	o Fees
Zip	Country	Zip		Count	ry		8. This corporation owes	-		
24	25	29		30			Personal Property Tax		Yes	□No
	9. Name and Address of Current	Registered A	Agent		1 Name	 _	10. Name and Address o	New Registered	Agent	
PHY	LE, CHARLES E			1	Name	,				
2901 S. OCEAN BLVD., UNIT 1002				[8	2 Stree	Addres	s (P.O. Box Number is Not			
HIGHLAND BEACH FL 33487						<u> </u>	OCEAN BLVD	2		
11101	IDANO DEADIT I E 00101				3					_
				[8	4 City HI	GHLA	ND BEACH	FL	85 Zip C	Code 487
11. Pursuant	to the provisions of Sections 607.0502	and 607.150	8, Florida Statu	tes, the abo	ve-name	corpor	ation submits this statement	for the purpose o	f changing its	registered
office or r	registered agent, or both, in the State of t	t Florida. Suc ons of, Sectio	h change was a n 607.0505. Fk	authorized t orida Statut	y the con es.	poration	's board of directors. I heret	y accept the appo	intment as re	gistered
SIGNATURE	,									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicab	le. (NOT	E: Registered A	ent signature	required v	men reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	CD		☐ DELETE	1.1 דודנו	<u> </u>	}			Thange Change	Addition
NAME	PHYLE, CHARLES E			1.2 NAM	Ε					
STREET ADDRESS	440-1 S OCEAN BLVD SUITE 2			1.3 STR	ET ADDRESS	44	01 S. OCEAN BLY			
CITY-ST-ZIP	HIGHLAND BEACH FL 33487			1.4 CITY	ST-ZIP	HI	GHLAND BEACH 1	L <u>33487</u>		
TITLE	PST		☐ DELETE	2.1 TITLE	:				Change Change	Addition
NAME	PHYLE, CHARLES E			2.2 NAM	E	1.	•			
STREET ADDRESS	4401 S OCEAN BLVD SUITE 2			2.3 STR	ET ADDRESS	44	01 S. OCEAN BLY	7D #2		
CITY-ST-ZIP	HIGHLAND BEACH FL 33487			2.4 C/T	-ST-ZIP	HI	GHLAND BEACH I	L 133487		
TITLE	V		DELETE	3.1 TITLE					Change	☐ Addition
NAME	KETEYIAN, ALBERT Z			3.2 NAM	E	1				
STREET ADDRESS	682 SEDGEFIELD DRIVE			3.3 STRI	ET ADDRESS	;				
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304			34. CITY	-ST-ZIP	į			•	
TITLE			DELETE	4.1 11111					☐ Change	☐ Addition
NAME				4. 2 NAM	E	ł				
STREET ADDRESS				4.3 STRI	ET ADDRESS	;				
CITY-ST-ZIP				4.4 CITY		-	•			
TITLE			☐ DELETE	5.1 T/TL		1			Change	Addition
NAME				5.2 NAM	E					
STREET ADDRESS				5.3 STRE	ET ADDRESS	: [ļ
CITY-ST-ZIP				5.4 CITY	ST-ZIP					
TITLE			DELETE	6.1 TATLE		 			Change	Addition :
			☐ DELETE	0.1 1/120						
NAME			L] DELETE	6.2 NAM						

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR