FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 4:36

DOCUMENT # **F93000001952 (1)**

1. Corporation Name
PHILIPS NATIONWIDE G.P. CORP.

Principal Place of Business	Mailing Address
% PHILIPS INTERNATIONAL 417 FIFTH AVENUE NEW YORK NY 10016	% PHILIPS INTERNATIONAL 417 FIFTH AVENUE NEW YORK NY 10016

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/26/1993
3a. Date of Last Report: 05/11/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number: 13-3572524 ☐ 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	10. Name and Address of New Registered Agent
EISENSTADT, DAVID 555 WEST 49TH STREET, SUITE 200 HIALEAH FL 33012	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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	PILEVSKY, PHILIP	12 NAME	
STREET ADDRESS	% PHILIPS INTERNATIONAL, 417 FIFTH AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP	
TITLE	DVT	21 TITLE	☐ Change ☐ Addition
NAME	LEVINE, SHEILA	22 NAME	
STREET ADDRESS	% PHILIPS INTERNATIONAL, 417 FIFTH AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10016	24 CITY-ST-ZIP	
TITLE	VS	31 TITLE	☐ Change ☐ Addition
NAME	MYER, SONDRA	32 NAME	
STREET ADDRESS	% PHILIPS INTERNATIONAL, 417 FIFTH AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10016	34 CITY-ST-ZIP	
TITLE	AV	41 TITLE	☐ Change ☐ Addition
NAME	MARRONE, DIANA	42 NAME	
STREET ADDRESS	% PHILIPS INTERNATIONAL, 417 FIFTH AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10016	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Sondra Myer V.P./Sec'y SONDRA Myer 4/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

000707 FP