

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0000129

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 OCT 20 PM 12:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F97000006920

1. Corporation Name
PHILIPS PALM SPRINGS SUB-VIII, INC.



REINSTATEMENT 1999
 DO NOT WRITE IN THIS SPACE

Principal Place of Business
**PHILIPS INTERNATIONAL
 417 FIFTH AVENUE
 NEW YORK NY 10016**

Mailing Address
**PHILIPS INTERNATIONAL
 417 FIFTH AVENUE
 NEW YORK NY 10016**

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
12/30/1997

4. FEI Number
13-3981614

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation owes the current year Intangible Personal Property. Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED CORPORATE SERVICES, INC.
 801 NORTHEAST 167TH STREET, SUITE 300
 NORTH MIAMI BEACH FL 33162**

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 *Michael Barr* **Michael Barr, President** 10/13/99
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	P	<input type="checkbox"/> DELETE
NAME	PETRA, LOUIS J	
STREET ADDRESS	417 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LEVINE, SHEILA	
STREET ADDRESS	417 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GALLAGHER, BRIAN J	
STREET ADDRESS	417 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	C	<input type="checkbox"/> DELETE
NAME	PILEVSKY, PHILIP	
STREET ADDRESS	417 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABERHAM, ANDREW	
STREET ADDRESS	417 FIFTH AVENUE	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	300003043023--2
1.3 STREET ADDRESS	-11/12/99--01098--002
1.4 CITY-ST-ZIP	***750.00 ***750.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Michael Barr* **Michael Barr, President** 10/13/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Devline Phone #

CR2E034 (5/99)