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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G0577

(2)

PHYLLIS JACOBSON, INC.

FILED Mar 02 1998 8:00am Secretary of State

PHILLIS JACOBSON, INC.											
Principal Place of Business			Mailing Addres	Mailing Address					1101 01011 010	II RIBIA BIBII BIB	ill ufa ll 1001
% PHYLLIS JACOBSON			% PHYLLIS JA	% PHYLLIS JACOBSON							
201 SE 15 TERRACE DEERFIELD BCH FL 33441				201 SE 15 TERRACE DEERFIELD BCH FL 33441				DO NOT WRI	TE IN THIS	SPACE	
			occini icap oc				3. Date In	corporated or Qualified	3		
							10/25	5/1982			
2. Principal Place of Business				2a, Mailing Address			4. FEI Nur	mber		A	pplied For
21 1012			26 2/62				C 59-7	2227513			tot Applicable
Suite, Apt. #, etc.			Suite, Apt.	t, etc.			5. Certific	ate of Status Desired			Additional
City & State			27 1					··			lequired
23			City & State	XI .	BEACH	a		n Campaign Financing und Contribution			May Be
Zip		Country	Zip	<u> </u>	Country						
24		25	29 33YY	5		BENCH	Person:	rporation owes or has al Property Tax due Ju			
	9, Name		rent Registered Agent		10011 17 - 11	par	10. Name	and Address of New I			
JACOBSON, MICHAEL 81 Name											
. 004 0 F 45 TF00											
1		EACH FL 33441			82 Str	eet Addres	S (P.D. BOX	Number is Not Accept Y7CA J71 C	سع لللإ		
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					84 _Cit		· .			1051 75	Carlo
					84 Cit		BER	41	FL	_ 85 Zip	\ Y \$\$
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	(NOT	TE. Registered Agent sign	ature required	when reinstating)	DATE		
12.		OFFICERS /	AND DIRECTORS		13.		ADDITIO	NS/CHANGES TO OFF	ICERS AN	D DIRECTOR	R\$ IN 12
TITLE	P			ELETË	1.1 TITLE					Change	☐ Addition
NAME	JACOBS	SON, MICHAEL			1.2 NAME						
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TITLE			D	ELETE	6.1 TITLE					Change	☐ Addition
NAME	.:				6.2 NAME						
STREET ADDRESS					6.3 STREET ADDRE	SS					
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. 145. Illereby C	eniny manth	в инопивной впроцед	with this filing does not	quality fo	or the exemption s	เลเยต เท 56	scrion 119.07	(3)(i), riorida Statutes.	I TUITING! C	aruty that the	intormation

14. I needy 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 of flustee/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 attagrament with an address.

SIGNATURE OF THE WALL AND MAKE

2/17/98

(36) 274-8555