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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

H03959

(4)

PHILBO ASSOCIATES, INC.

Principal Place of Business	Mailing Address			
11771 NW 26TH CT	11771 NW 26TH CT			

FILED Jan 23 1998 8:00am Secretary of State



11771 NW 26TH CT CORAL SPRINGS FL 33065			11771 NW 26TH CT CORAL SPRINGS FL 33065			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
							05/16/1984			
2. Principal Place of Business			2a. Mailing Address				4, FEI Number	Ap	plied For	
21			26				59-2413278			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5 Contificate of Status Desired \$8.75 Additional			
22			27					Fee Re		
City & State			City & State				6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23		Zip Country			 					
Zip	25	Country	29	30			8. This corporation owes or has paid the current fear Intangible Personal Property Tax due June 30. Yes No			
24	Registered Agent				10, Name and Address of New Registered Agent					
WEINER, ROBERT A.					81 Name					
	1771 NW 28T			82 Street Ad		Ctroot A	ddress (P.O. Box Number is Not Acceptable)			
	ORAL SPRING			82 Street Ac		SireerA	odress (F.O. Box Number is Not Acceptable)			
CONST OF HINGO I E 00003				83						
					84	City	, 85 85	85 Zip C		
						,	┣ ╏ ↓	'		
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 p	miled name of registered agen	and little if applicable (NOT	E Registere	d Ago	ont signature r	equired when reinstating) DATE			
12.				13.			ADDITIONS/CHANGES TO OFFICERS AND DIR			
TITLE	P		DELETE	1.1 Ti				hange	Addition	
NAME		ROBERT A.		1.2 N		1				
STREET ADDRESS		W 26TH CT				ADDRESS				
CITY-ST-ZIP					I - ZIP		hange	Addition		
TITLE	ST	010/110	L. DELETE	DELETE 2.1 TITLE				a ianiye	☐ Addition	
NAME	WEINER, PHYLLIS ss 11771 NW 26TH CT				2.2 NAME					
STREET ADDRESS			2.3 STREET							
CITY-ST-ZIP		SPRINGS FL	DELETE	2.4 C		ST-ZIP	П	hange	Addition	
TITLE	EVP	u LICA						. na igo		
NAME	PERLMAN, USA 9414 PEABODY CT			3.2 NAME 3.3 STREET ADDRESS		4000500				
STREET ADDRESS						[
CITY-ST-ZIP TITLE	BOCA RATON FL 33498 34.1 CFO □ DELETE 4.11			ST-ZIP		hange	Addition			
NAME		HOWARD		4.21			 -	-		
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP		CORLL CROMICO EL CALCO			IT-ZIP					
TITLE	DELETE 5.1T					hange	Addition			
NAME				5.2 N	AME					
STREET ADDRESS					5.3 STREET ADDRESS					
CITY-ST-ZIP					CITY-ST-ZIP					
TITLE				6.1 T			☐ Change ☐ Addition			
NAME				6.2 N	AME					
STREET ADDRESS				6.3 S	TREET	ADDRESS	·			
CITY-ST-ZIP						T-ZIP				
	artifu that the in	formation augminal wit	h this filing door not qualify f				d in Section 119.07(3)(i) Florida Statutes, I further certify t	hat the	information	

Thereby certify that the information supplied with this tilling does not qualify for the exemption stated in Section 119.07(3)[i], Florida Statutes. I further certify that the informatio 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.