FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

H93283 **DOCUMENT #** 1. Corporation Name

(0)

FILED Mar 26 1996 8:00 am Secretary of State

PHUIE	CTA-SEAL, INC.									
Principa: Place o	of Business	Mailir	ng Address	********			1 14 01 01 k 8 (10 10 10 11 11 0 k) 0 0 i 10 11		Utali 91011 0141	
106 AUBURN AVE. P O BOX 1237 FT WALTON BCH. FL 32549		P	106 AUBURN AVE. P.O. BOX 1237 FT WALTON BCH. FL. 32549							
							3. Date Incorporated or Qualified 01/08/1986		ate of Last Re 05/01/19	
2. Principal Place	ce of Business	2a. M 26	failing Address				4. FET Number 59-2622840		 -	Applied For Not Applicable
Suite, Apt. #	etc.	27 S	uite, Apt. #, etc.				5. Cert-ficate of Status Desired	X		Additional Required
City & State		28	lity & State		, .		Election Campaign Financing Trust Fund Contribution			May Be
Ziр 24]	Country 29		Zip Country 30			This corporation has liability for intangible tax under s 199.032 Florida Statutes			199.032,	
	9. Name and Address of Curre	ent Register	red Agent		1		10. Name and Address of New R	egistered	J Agent	
RIVERS	RALPH F			8	1		75.75. F3.			
106 AUBURN AVE FT WALTON BCH FL 32548						Adores	ress (P.O. Box Number is Not Acceptable)			
F1 WAL	IUN BCH FL 32548			8:	<u>'</u>					
				8-	City			FI	85 Zip	p Code
or registere	the provisions of Sections 607.050 d agent, or both, in the State of Flo , and accept the obligations of, Sec	rida. Such d	hange was authorize	ed by the cor	named c poration's	orporati s board	on submits this statement for the pur of directors. I hereby accept the appe	pose of c pintment a	hanging its rass registered	egistered office Lagent. Lam
SIGNATURE _	ture to the second energy and a second edition of the		E Le Orice					113.11		
12.	ignature, typed or printed name of registered ag- OFFICERS AI			E Fagstred Aş I 13.	rit Syririte	Residence	ADDITIONS/CHANGES TO OFFI	UATE ICERS AN	ND DIRECTO	DRS IN 12
TITLE	DP	orana a a la fara d	DELETE	1. 1 Turle		[Cnange	☐ Addition
NAME	RIVERS, RALPH F.			1.2 NAME						
STREET ADDRESS	P.O. BOX 1237/NA			1.3 STREE	LADDRESS					
C-1Y-S1-ZIP	FT WALTON BCH FL			1.4 CITY -	ST ZIP					
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CITY-S1-ZIP	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. District	2.4 CITY					Change	Addition
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City-St-ZiP Titlf			DELĒTE	4. 1 TITLE		· · · ·			☐ Change	Addition
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NAME				6.2 NAME						
STREET ADDRESS				63STRE	LADDRESS					
CITY-ST-7IP		rican tara ter	erenger (generale) silan	64CHY	ST-ZIF	ļ		03/0		

To 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)(k). 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 12 if lianged, or on an altractment with an address.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: