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Feb 14 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J25451 (2)
1. Corporation Name
PHILIPSON - FROMM, INC.



Principal Place of Business Mailing Address
C/O STEVEN/LOIS PHILIPSON C/O STEVEN/LOIS PHILIPSON
415 LIVE OAK DR - LITTLE ORCHID ISLE 415 LIVE OAK DR - LITTLE ORCHID ISLE
VERO BEACH FL 32963 VERO BEACH FL 32963-9692

3. Date Incorporated or Qualified 07/21/1986 3a. Date of Last Report 04/22/1996
4. FEI Number 59-2743953 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

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

9. Name and Address of Current Registered Agent
VANDEVOORDE, RENE G.
1327 N. CENTRAL AVE.
SEBASTIAN FL 32958
10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PHILIPSON, STEVEN	1.1 TITLE	
NAME	415 LIVE OAK DR - L.O.I.	1.2 NAME	
STREET ADDRESS	VERO BEACH FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	STD PHILIPSON, LOIS	2.1 TITLE	
NAME	415 LIVE OAK DR - L.O.I.	2.2 NAME	
STREET ADDRESS	VERO BEACH FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VD FROMM, STEPHEN	3.1 TITLE	
NAME	148 UNADILLA RD.	3.2 NAME	
STREET ADDRESS	RIDGEWOOD NJ	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D FROMM, JUDI	4.1 TITLE	
NAME	148 UNADILLA RD.	4.2 NAME	
STREET ADDRESS	RIDGEWOOD NJ	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: *Steven L. Philipson* DATE: 2/10/97 DAYTIME PHONE: (561) 589-3811

CR2E034 (9/96)