

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

FILED

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
415 LIVE OAK DR - LITTLE ORCHID ISLE
VERO BEACH FL 32963

C/O STEVEN/LOIS PHILIPSON
415 LIVE OAK DR - LITTLE ORCHID ISLE
VERO BEACH FL 32963-9692

3. Date Incorporated or Qualified

07/21/1986

3a. Date of Last Report

04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VANDEVOORDE, RENE G.
1327 N. CENTRAL AVE.
SEBASTIAN FL 32958

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

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 PD ☐ DELETE

NAME PHILIPSON, STEVEN
STREET ADDRESS 415 LIVE OAK DR - L.O.I.
CITY-ST-ZIP VERO BEACH FL

1.1 TITLE ☐ Change ☐ Addition

TITLE STD ☐ DELETE

NAME PHILIPSON, LOIS
STREET ADDRESS 415 LIVE OAK DR - L.O.I.
CITY-ST-ZIP VERO BEACH FL

1.2 NAME ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME FROMM, STEPHEN
STREET ADDRESS 148 UNADILLA RD.
CITY-ST-ZIP RIDGEWOOD NJ

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME FROMM, JUDI
STREET ADDRESS 148 UNADILLA RD.
CITY-ST-ZIP RIDGEWOOD NJ

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN L. PHILIPSON

2/10/97

(561) 589-3811

CR2E034 (9/96)