

FILE NOW: FILING FEE AFTER MAY 1ST IS \$0.00

FILED
Aug 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT STATE
Sandra B. Moim
 Secretary of S
 DIVISION OF CORPORATIONS

DOCUMENT # J25451 (2)

1. Corporation Name
PHILIPSON - FROMM, INC.



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

Mailing Address: **C/O STEVEN/LOIS PHILIPSON 415 LIVE OAK DR - LITTLE ORD ISLE VERO BEACH FL 32963**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/21/1986

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip City

30

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

11 Name

12 Street Address (P.O. Box Number is Not Acceptable)

13

14 City

15 FL 16 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 _____ DATE _____

(NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PHILIPSON, STEVEN	
STREET ADDRESS	415 LIVE OAK DR - L.O.I.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PHILIPSON, LOIS	
STREET ADDRESS	415 LIVE OAK DR - L.O.I.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FROMM, STEPHEN	
STREET ADDRESS	148 UNADILLA RD.	
CITY-ST-ZIP	RIDGEWOOD NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FROMM, JUDI	
STREET ADDRESS	148 UNADILLA RD.	
CITY-ST-ZIP	RIDGEWOOD NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 I. PHILIPSON** (561) 589-3811

CR2E034 (10/97)