FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J30839** **(1)**

1. Corporation Name
PHILIP MICHAEL AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
639 E. OCEAN AVE STE #404 BOYNTON BCH FL 33435 US	639 E. OCEAN AVE. STE #404 BOYNTON BCH FL 33435 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1986
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-2712618 (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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

COX, CYNTHIA L.
1432 21ST STREET SUITE A
VERO BCH. FL 32960

10. Name and Address of New Registered Agent

81 Name: Thomas J. Woolley, Jr., Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 639 East Ocean Avenue, Suite 408
83
84 City: Boynton Beach FL 85 Zip Code: 33435

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: Thomas J. Woolley, Jr., Esquire — DATE: 04-14-95
Signature, typed or printed name of Registered Agent and Title if applicable — NOTE: Registered Agent signature required where indicated

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	☐ Change ☐ Addition
NAME	BARLAGE, PHILIP L.	12 NAME	
STREET ADDRESS	35 ANNA STREET	13 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BARLAGE, PHILIP L.	22 NAME	
STREET ADDRESS	35 ANNA STREET	23 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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)(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: Philip L. Barlage — 4-24-95 — 407 732-4197
SIGNATURE AND TITLE OF CHIEF OFFICER OR DIRECTOR — Date — Daytime Phone #

0243809 CP