

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K41119** (4)

1. Corporation Name

**PHLMAN, INC.**



Principal Place of Business

**622 SW 1 ST  
MIAMI FL 33130  
US**

Mailing Address

**622 SW 1 STREET  
MIAMI FL 33130  
US**

3. Date Incorporated or Qualified

**10/25/1988**

3a. Date of Last Report

**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 **same**

26 **same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number

**65-0131177**

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

**COHEN, HERMAN  
622 SW 1ST ST  
MIAMI FL 33130**

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 firm, if applicable

Date of Registration, if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P  
ROSEN, PHYLLIS  
12485 SW 81ST AVENUE  
MIAMI FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

11 TITLE ☐ Change ☐ Addition

21 NAME  
22 STREET ADDRESS  
23 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

31 NAME  
32 STREET ADDRESS  
33 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

41 NAME  
42 STREET ADDRESS  
43 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

51 NAME  
52 STREET ADDRESS  
53 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

61 NAME  
62 STREET ADDRESS  
63 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)(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 13, if changed, or on an attachment with an address.

SIGNATURE:

*Phyllis Rosen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96 (305) 545-0567

D-5

Florida Corporate

CR2E034 (12/95)