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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

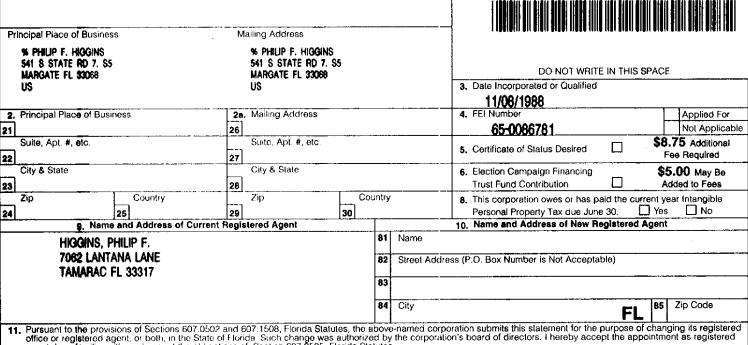
DOCUMENT # 1, Corporation Name

K44132

(4)

PHILIP HIGGINS & ASOCIATES, INC.

## **FILED** May 06 1998 8:00am Secretary of State



agent. I an	n familiar with, and accept the obligations of, 5	Section 607.0505, Flo	orida Statutes.	, , , , , , , , , , , , , , , , , , , ,	•
SIGNATURE _	Storature, typed or brinted name of registered agent and title if a	nocable (NOII	Registered Agent signature requi	ired when reinstating) DATE	<del></del>
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE	Change	Addition
NAME:	HIGGINS, PHILIP F.		1.2 NAME		
STREET ADDRESS	7062 LANTANA LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 THILE	Change	☐ Addition
NAME	HIGGINS, TERRY		2.2 NAME		
STREET ADDRESS	541 S SR 7 STE 5		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		2. 4 CFTY - ST - 7/P		
TITLE	SD	DELETE	3.1 TITLE	Change	☐ Addition
NAME	BLEDSOE, VICKI		3 2 NAME		
STREET ADDRESS	1001 SMOKEY MOUNTAIN TR		3 3 STREFT ADDRESS		
CITY-ST-ZIP	CHESAPEAKE VA		3.4. CITY-ST-ZIP		
TITLE	10	☐ DELETE	4.1 TITLE	☐ Change	Addition
NAME	HIGGINS, MARGARET		4. 2 NAME		
STREET ADDRESS	7082 LANTANA LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL		4.4 CITY-ST-ZIP		
TITLE		DELETE	51 TITLE	Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change	☐ Addition
NAME			. 6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. 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 chapted, or on an attachment with an address.

6.4 CITY-ST-ZIP