


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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90306 004 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K89545					
1. Corporation Name PHILLIPS HARDWARE COMPANY					
Principal Place of Business % ROBERT E. SCHUR 490 N.W. SO. RIVER MIAMI FL 33128			Mailing Address % ROBERT E. SCHUR 490 N.W. SO. RIVER MIAMI FL 33128		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/19/1989	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-0401860	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SCHUR, ROBERT E. 501 BRICKELL KEY DR SUITE 300 MIAMI FL 33131-2608			10. Name and Address of New Registered Agent 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	TD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAILEY, GUY B.		1.2 NAME		
STREET ADDRESS	9700 S DIXIE HWY, 570		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BABCOCK, E. VOSE, III		2.2 NAME		
STREET ADDRESS	9700 S DIXIE HWY, 5670		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BABCOCK, MARY		3.2 NAME		
STREET ADDRESS	9700 S DIXIE HY, STE 570		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAILEY, PATRICIA E.		4.2 NAME		
STREET ADDRESS	9700 S DIXIE HWY, STE 570		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAILEY, JOHN RAY		5.2 NAME		
STREET ADDRESS	9700 S DIXIE HWY, STE 570		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		5.4 CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCARBOROUGH, GARY E		6.2 NAME		
STREET ADDRESS	490 N.W. S. RIVER DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY E SCARBOROUGH  
PRESIDENT

Date

4-17-99

305-545-8445  
Daytime Phone #

CR2E034 (11/98)