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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

1999 **DOCUMENT # L02716**

PHILLIPS AND MCHAM, INC.

	AND MCHAM, INC.									
rincipal Place o	of Business	Mailing Addres	SS							
OI LEE RD		1801 LEE ROAD)							
5		375	FI 32789				DO NOT WRITE	IN THIS S	PACE	
INTER PARK FL 32789		WINTER PARK FL 32789 US				3. Date Incorpora				
3		30				07/12/1989	<u> </u>			plied For
	ce of Business	2a. Mailing Ad	Idress			4. FEI Number				t Applicable
	Ce Of Business	26				59-296434	1		\$8.75	
Suite, Apt. #.	etc	Suite, Apt.	. #, etc.			5. Certifcate of S	tatus Desired		Fee Re	
7	, 0.0.	27							\$5.00	May Be
City & State		City & Sta	nte			6. Election Camp Trust Fund Co			Added	
		28		0			on owes the currer	nt vear Inta	ngible	
Zip	Country	Zip		Country		Personal Prop	erty Tax.	,	∐Yes	□No
il	25	[29]	30	<u> </u>		10 Name and A	ddress of New Re	gistered A	Agent	
	9. Name and Address of Cur	rent Registered Age	nt	81	Name	10.				
	IDO DONALD						in Not Apportab			
PHILL	IPS, DONALD			82	Street Add	ress (P.O. Box Numb	er is Not Acceptac			
	LEE ROAD #375			83	<u> </u>					
SUITE									85 Zip	Code
	ER PARK FL 32789			84				FL	. 1 - 1	
1. Pursuant t office or re agent. I ar	to the provisions of Sections 607 egistered agent, or both, in the Sin familiar with, and accept the ot	.0502 and 607.1508, F tate of Florida. Such c oligations of, Section 6	Florida Statutes, hange was auth 607.0505, Florida	the above orized by a Statutes	the corporat	ion's board of director	rs. I hereby accept			
agent. I ar	n familiar with, and accept the ob	oligations of, Section 6	07.0505, Florida	a Statutes	5.	whos reinstating)		DATE		ORS IN 12
agent. I ar	rysterau agon, or and accept the ob- m familiar with, and accept the ob- Signature, typed or printed name of registere OFFICERS	oligations of, Section 6 d agent and title if applicable. S AND DIRECTORS	(NOTE: Re	gistered Age	5.	whos reinstating)	rs. I hereby accept	DATE		ORS IN 12
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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 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 indicated on this annual report or true fee impowered 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 or, an attachment with an address, with all other like empowered.

SIGNATURE: