## 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 # L13234

(4)

PHYL-ROB INVESTMENTS, INC.

FILED
Jan 29 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address						
899 MEADOWS RD 899 MEADOWS RD						
SUITE 302	10 110	SUITE 302	SUITE 302			DO MOT WENTS IN THE COAST
BOCA RATON	I FL 33486	BOCA RATON FL 33486				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
US US						
Principal Place of Business     2a. Mailing Address						08/30/1989 4. FEI Number   Applied For
21 26			areas			65-0151620 Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			\$9.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State	6	City & State				6. Election Campaign Financing \$5.00 May Be
23		28	28			Trust Fund Contribution
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible
24	25		30			Personal Property Tax due June 30. 🔲 Yes 📝 No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
TOON, PHYLLIS				81	Name	:
899		82 Street Add		Street Addre	ss (P.O. Box Number is Not Acceptable)	
SU:	ITE 302					
BO	CA RATON FL 33486		83			
				84	City	■ 85 Zip Code
					·	FL   65   210 COUE
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.						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
12.	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE NOTE)	: Registered	Agen	nt signature required	d when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPT OFFICERS AF	DELETE	1.1 TITLE			Change Addition
NAME	PT		1.2 NAME			
STREET ADORESS	642 BOCA MARINA CT.		1.3 STREET		VDDDE66	
CITY-ST-ZIP	BOCA RATON FL		1,4 CITY - 5			
TITLE	S	DELETE	2.1 TITLE		-411	Change Addition
NAME	BATASKOV, KARRIE L.		22 NAME			
STREET ADDRESS	2674 DEVON CT.		2.3 STREET		ADORESS	
CITY-ST-ZIP	DELRAY BCH. FL		2. 4 CITY-			
TITLE	BELLIAT BOTT. TE	DELETE	3.1 TITLE		,- ZII	Change Addition
NAME	_		3.2 NA	3.2 NAME		
STREET ADDRESS		3		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-S		1	
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET		ADDRESS	
CITY - ST - ZIP			4.4 CITY-ST-ZIP		-ZiP	
TITLE		☐ DELETE	_	5.1 TITLE		Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS					NDDRESS	
CITY-ST-ZIP			5.4 CI		1	
TITLE		☐ DELETE	_	6.1 TITLE		☐ Change ☐ Addition
NAME			6,2 NA	ME		
STREET ADDRESS			6.3 ST	reet a	ADDRESS	
CITY-ST-ZIP			6,4 CI	TY-ST-	- ZIP	
	certify that the Information supplied v	with this filing does not qualify for				ection 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 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 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 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 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 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 in the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the co

SIGNATURE:

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1/21/98

561-738.0233