Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90234 041 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # M55322

1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

PHF CAREER SERVICES INC.

Principal Place of Business Mailing Address								] '	19816631 101 9	1181 81/88 17/	T (1610 1181 B)	<b>                                    </b>		iti <b>b</b> ibit i <b>ab</b> i
% PAUL H. FRII 9900 W. SAMPL CORAL SPRING	E ROAD, SUITE 333	9900 W.	6 Paul H. Friedman 1900 W. Sample Road. Suite 333 Coral Springs fl 33065								HIS SPACE			
								1	Incorporate ()/1987	d or Qualit	ed			
2. Principal Place of Business 2a. Mailing Address								4. FEI N					Apr	lied For
21		26					59-2	836790_				Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					1	c∋te of Stat	us Desired	ı 🗆		<b>75</b> A: e Req	lditional uired	
City & State			City & State					s Electi	cn Campaig	n Financi	na _	\$5	00 :	lav Be
23		28						·	Fund Contr	•	a 🗆		ded to	
Zip	Cour try				Country				This corporation owes the current year Intar Personal Property Tax.				. [	VNo
24;	9. Name and Address of Current Registered Agent								and Addr		w Registe	red Agent		
					81	Name	е							
FRIEDMAN, PAUL H.						Stree	t Acidro	ess (P.O. Bo	Number i	s Not Aco	entable)			
99:00 W. SAMPLE ROAD					82	Juce	i Ada	:33 (1 .0. DC	// ( <b>40</b> (1)50)	5 740( 7.00	spidolo <sub>1</sub>			
SUITE 333					83									
CORAL SPRINGS FL 33065					84	City	<del></del>	• •				85	Zip C	ode
11. Pursuant i	to the provisions of Sections 607.050; egistered agent, or both, in the State	and 607.15	08, Florida Statu	tes, th	e above zed by	e-named the con	d corpo	oration subm	ni s this state	ement for hereby ac	the purpos	e of changin	ıg its r	egistered stered
agent. I ar	n familiar with, and accept the obligat	tions of, Secti	on 607.0505, FI	orida S	Statutés					-				
SIGNATUFE	Signature, typed or printed name of registered agen	it and title if applica	able (NOT	Ē Regist	ered Agen	t signature	e required	when reinstating	3)		DATE	T		
12.	OFFICERS AN	DIRECTO		1	13.		-,	ADDIT	IONS/CHA	IGES TO	OFFICERS	AND DIRE		
TITLE	P		☐ DELETE	1.	.1 TITLE							Cha	inge	☐ Addition
NAME	FRIEDMAN, PAUL H.			1	.2 NAME									
STREET ADDRESS	9603 SW 1ST. COURT			1	.3 STREET	ADDRES	s							
CITY-ST-ZIP	CORAL SPRINGS FL			1	4 CITY-S	T-ZIP								
TITLE			☐ DELETE	2	1 TITLE							☐ Cha	ange	☐ Addition
NAME				2	2 NAME									
STREET ADDRESS				2	.3 STREET	ADDRESS	s							
CITY-ST-ZIP				2	. 4 СПY-S	T-ZIP								
TITLE			□ DELETE	3	.1 TITLE							☐ Cha	ange	☐ Addition
NAME				3	2 NAME									
STREET ADDRESS				3	.3 STREE	ADDRES	s							
CITY-ST-ZIP				3	4. CITY-S	T-ZIP								
TITLE			☐ DELETE	4	.1 TITLE							Cha	ange	☐ Addition
NAME				4	4, 2 NAME									i
STREET ADDRESS				4	3 STREET	ADDRES	s							ļ
CITY-ST-ZIP				4	4 CITY-S	T-ZIP								
TITLE			☐ DELETE	5	5.1 TITLE		$T^-$					Cha	ange	☐ Addition
NAME				5	.2 NAME									
STREET ADDRESS				5	.3 STREET	FADDRES:	s							
CITY-ST-ZIP				5	4 CITY-S	T-ZIP								

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.

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNING OFFICE OF DIRECTOR H. FRIEDMAN SIGNATURE:

Change

☐ Addition