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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P34335

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PHIL ART, INC.

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May 01 1997 8:00am

Secretary of State

1 - B IC IP LET T I I I I I	ce of Business		Mai	ing Address	3			C 1984 NATIO TO STORE AND THE STORE			11 41411 (491
C/O SHARON RADCLIFF 13090 NORTH A1A VERO BEACH FL 32963		13090	C/O SHARON RADCLIFF 13090 NORTH A1A VERO BEACH FL 32963-9421								
VERO DENOTE	1 L 32300		V ENC	DENOTITE	22000	•		3. Date Incorporated or Qualified 06/10/1991		te of Last 1/1996	
2. Principal F	Place of Business		2a.	Mailing Addr	ress			4. FEI Number			Applied For
21			26					36-3204612			Not Applicable
Suite, Apt	#, etc		}	Suite, Apt. #,	, etc.			5. Certificate of Status Desired			Additional
22 City & Stat	la		27	City & State							Required
1	11.		28	City of State				Election Campaign Financing Trust Fund Contribution	П		May Be id to Fees
23] Zip		Country		Zip	···	Country	,	8. This corporation has liability for it			
24	25	,	29	 F	t	30		· · · · · · · · · · · · · · · · · · ·		No	S. 100.002,
-1		Address of Cui		ered Agent				10. Name and Address of New Re			
RAD	CLIFF, SHARON					81	Name				
	O NORTH A1A							dress (P.O. Box Number is Not Acceptab			
	O BEACH FL 32	963				62	Street Add	iress (P.O. Box Number is Not Acceptab	xe)		
₹ bel \$	0 00,0,111.02					83					
						<u> </u>	<u> </u>			77. 1	
						84	City		FL	65 Z	p Code
11. Pursuant	to the provisions of	f Sections 607	0502 and 60	7.1508. Florid	da Statute	s. the abov	e-named cor	poration submits this statement for the p	urpose of	changing	its registered
office or agent. La	registered agent, o am familiar with, ar	d accept the ol	bligations of,	Section 607	.0505, Flo	rioa Statute	S.				
office or agent 1 a SIGNATURE	Signative spector prin							ired when reinstaling)	DATE		
	Signature, type of or prin	ed name of registeres		applicable	(NOTE				DATE CERS AND	DIRECT	ORS IN 12
SIGNATURE	Signature, typeod of prin	ed name of registeres	d agent and title if	applicable	(NOTE	Registered Ag		ired when reinstaling)	DATE CERS AND		ORS IN 12
SIGNATURE	PSC RADCLIFF, WI	OFFICERS	d agent and title if	applicable	(NOTE	Registered Ag		ired when reinstaling)	DATE CERS AND	DIRECT	ORS IN 12
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minormanian indicated on mis aminor report or supplemental aminor report is true and accurate and that my signature shall have the same legal effect as if made under of Lani an officer or director of the exportation 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.