FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 4:13

DOCUMENT # **P92000009248 (5)**

1. Corporation Name
PHYCORP LAND DEVELOPERS, INC.

Principal Place of Business	Mailing Address
6610 N. UNIVERSITY DR. SUITE 200 TAMARAC FL 33321	6610 N. UNIVERSITY DR. SUITE 200 TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/30/1992**
3a. Date of Last Report: **03/22/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **65-0375694** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOODY AND JONES, P.A.
1333 S UNIVERSITY DR
S-201
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: MOODY, JONES & MONTEFUSCO, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): SAME
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] STEVE E. MOODY PRESIDENT 1-16-95
(Corporation's new or present name if 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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	JANCKO, JOEL	1.2 NAME	
STREET ADDRESS	1230 NW 116TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33323	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	☐ Change ☐ Addition
NAME	KAHN, PAUL	2.2 NAME	
STREET ADDRESS	3700 SW 117TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33330	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	GREENBERG, ALLEN	3.2 NAME	
STREET ADDRESS	4302 W BROWARD BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	☐ Change ☐ Addition
NAME	SHARMA, ASHOK	4.2 NAME	
STREET ADDRESS	1018 NW 132ND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33323	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	☐ Change ☐ Addition
NAME	BRUCK, CLAUDETTE,	5.2 NAME	
STREET ADDRESS	6610 N. UNIVERSITY DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, added or deleted.

SIGNATURE: [signature] 1/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0220A01 CP