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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

DOCUMENT # P93000051712 (6)

PHYLRICH OF BROWARD, INC.

Principal Place of Business

Mailing Address

---- A PLANING AC

## **FILED** Feb 25 1997 8:00am Secretary of State



GOOPER CITY FL 33330		COOPER CITY FL 33330-3206							
				٠	3. Date incorporated or Qualified 07/23/1993	3a. Date 04/30	of Last Re /1996	port	
2. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number			plied For	
21		26	45.74		65-0422951		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	te	City & State			6. Election Campaign Financing	<del>(-</del>	\$5.00	*	
23	Counts	28 Zip	Country		Trust Fund Contribution		Added to		
7(p)	Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No				
24	25   9. Name and Address of Curr	29   rent Registered Agent	1301		10. Name and Address of New R				
10.	JEWSKI, RICHARD		81	Name		•	<u> </u>	<del></del>	
	CHELSEA LN		-	Otro at A alay	/D.O. D N	h l a l	<del></del>		
	ANTATION FL 33324		82	Street Add	ress (P.O. Box Number is Not Accepta	(BID)			
, ,	ATTIMITE COOK!		63						
				Δ4.				2-4-	
			64	City		FL	85 Zip C	,oue	
11. Pursuant office or lagent 1 a	to the provisions of Sections 607 0 registered agent, or both, in the St am familiar with, and accept the ob	i502 and 607.1508, Florida Stati ate of Florida. Such change was ligations of Section 607.0505, f	utes, the above- s authorized by t Florida Statutes.	named corp he corpora	poration submits this statement for the tion's board of directors. I hereby acce	purpose of chept the appoin	anging its Iment as i	; registered registered	
SIGNATURE	Signature Type Longround name of registered	named and title Appropriation (NI	OTE: Registered Agent	signature requi	irod when reinstation	DATE			
12.		AND DIRECTORS	13.	signature requ	ADDITIONS/CHANGES TO OFFI		RECTOR	S IN 12	
TOLE	D	DELETE	1.1 TITLE				Change	Addition	
NAME	LOJEWSKI, RICHARD		1.2 NAME						
STREET ADDRESS	153 CHELSEA LN		1.3 STREET A	DDRESS					
CITY-SE-ZP	PLANTATION FL 33324		1.4 CITY - ST-	ZIP					
TiTLE	D	DELETE	2.1 TITL€				Change	Addition	
NAME	LOJEWSKI, PHYLLIS		2.2 NAME						
STREET ADDRESS	153 CHELSEA LN		2.3 STREET A	DDRESS					
CITY-ST-ZIP	PLANTATION FL 33324		2. 4 CITY - ST	- ZIP					
TITLE		☐ DELETE	3.1 TITLE	1		L	Change	Addition	
NAME	}		3.2 NAME						
STREET ADDRESS			3.3 STREET A						
CITY-ST-ZIP		- December	3.4. CITY-ST	- ZIP		· · · · · · · · · · · · · · · · · · ·	Tohanas	Addition	
TITLE		☐ DELETE	4.1 TITLE			L	Change	Addition	
NAME	}		4.2 NAME						
STREET ADORESS			4.3 STREET A						
CITY - STZIP TITLE		DELETE	4.4 CHY-ST- 5.1 TITLE	LIP		Г	Change	Addition	
		UCCLIE	5.1 HILE 5.2 NAME			L	, ondays	-tourio	
NAME.			5.2 NAME 5.3 STREET A	nnpcee					
STREET ADDRESS	}				<b>H</b> ·				
CHT-ST-ZIP TITLE		DELETE	5.4 CITY-ST- 6.1 TITLE	· ( IT			Change	Addition	
NAME		- preside	6.2 NAME	f		L.,			
STREET ADDRESS			6.3 STREET A	DDRESS					
CHY-S1-ZIP			6.4 CITY - ST -	TIL					

14. I do 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.