

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P 94000003115 (0)
1. Corporation Name

PHS SALES, INC.

Principal Place of Business: **211-213 Seaview Ave. Palm Beach, Florida. 33480**
Mailing Address: **211-213 Seaview Ave. Palm Beach, Florida. 33480**

3. Date Incorporated or Qualified: **1/12/1994**
3a. Date of Last Report: **1/24/95**
4. FEI Number: **65-0461864**
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

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

9. Name and Address of Current Registered Agent

**Susan G. Keenan
211-213 Seaview Avenue
Palm Beach, Florida.
33480**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
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

12. OFFICERS AND DIRECTORS
1. TITLE: **PD** [] DELETE
2. NAME: **KEENAN, SUSAN G.**
3. STREET ADDRESS: **211 Seaview Ave. Palm Beach Fl.**
4. CITY, ST, ZIP: **33480**
5. TITLE: [] DELETE
6. NAME:
7. STREET ADDRESS:
8. CITY, ST, ZIP:
9. TITLE: [] DELETE
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16. CITY, ST, ZIP:
17. TITLE: [] DELETE
18. NAME:
19. STREET ADDRESS:
20. CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
21. TITLE: [] Change [] Addition
22. NAME:
23. STREET ADDRESS:
24. CITY, ST, ZIP: [] Change [] Addition
25. TITLE: [] Change [] Addition
26. NAME:
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93. TITLE: [] Change [] Addition
94. NAME:
95. STREET ADDRESS:
96. CITY, ST, ZIP: [] Change [] Addition
97. TITLE: [] Change [] Addition
98. NAME:
99. STREET ADDRESS:
100. CITY, ST, ZIP: [] Change [] Addition

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)(k), 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.

SIGNATURE: *Susan G. Keenan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Susan G. Keenan

4/1/96

(407) 820-8858

CR2E034 (12/95)