

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Marjorie B. Mathews
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **P94000003919 (5)**

1. Corporation Name
PHIL-TED, INC.

95 MAY -1 PM 5:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1935 SOUTH CONWAY RD. ORLANDO FL 32812**
Mailing Address: **1935 SOUTH CONWAY RD. ORLANDO FL 32812**

3. Date Incorporated or Qualified 01/10/1994	3a. Date of Last Report
4. FCI Number 59-3219366	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation is exempt for nonprofit tax under 501(c)(3) Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State of Incorporation	26. Credit Agency
22. FCI Number	27. Cert. of Status
23. Election Campaign Financing Trust Fund Contribution	28. Exempt for Nonprofit Tax
24. Nonprofit Exemption	29. FCI Number
25. State of Incorporation	30. Credit Agency

9. Name and Address of Current Registered Agent

**ARTHUR, PHILIP E JR.
1935 SOUTH CONWAY RD.
ORLANDO FL 32812**

10. Name and Address of New Registered Agent

B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3. City
B4. State **FL** B5. Zip Code

11. I, the undersigned, as a duly qualified officer or director of the corporation, hereby accept the appointment of registered agent for the corporation and agree to be bound by the Florida Statutes which were authorized by the corporation's board of directors. I hereby accept the appointment of registered agent for the corporation and agree to be bound by the Florida Statutes.

DIRECTOR: _____ SECRETARY: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
<p>NAME: D ARTHUR, PHILIP E III STREET ADDRESS: 930 VINE RIDGE RUN - 6-308 CITY: ALTAMONTE SPRINGS FL 32714</p>	<p>1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP</p>
<p>NAME: D ARTHUR, PHILIP E JR. STREET ADDRESS: 1935 S. CONWAY RD., UNIT K-5 CITY: ORLANDO FL 32812</p>	<p>4. NAME 5. STREET ADDRESS 6. CITY, STATE, ZIP</p>
<p>NAME: _____ STREET ADDRESS: _____ CITY: _____</p>	<p>7. NAME 8. STREET ADDRESS 9. CITY, STATE, ZIP</p>
<p>NAME: _____ STREET ADDRESS: _____ CITY: _____</p>	<p>10. NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP</p>
<p>NAME: _____ STREET ADDRESS: _____ CITY: _____</p>	<p>13. NAME 14. STREET ADDRESS 15. CITY, STATE, ZIP</p>
<p>NAME: _____ STREET ADDRESS: _____ CITY: _____</p>	<p>16. NAME 17. STREET ADDRESS 18. CITY, STATE, ZIP</p>

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the nonreporting status in law under 190.01(1)(b), Florida Statutes. I further certify that the information is made available to the public in part of supplemental annual reports. This filing is complete and that my corporation shall have the same legal effect as if made under oath. That I agree to file an affidavit of this corporation or the reason of this filing prepared to comply this report as required by Florida Statutes, and that my failure to appear as directed on the filing will constitute an attachment with an affidavit.

SIGNATURE: *Philip E. Carter*
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR