

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000022633 (9)**

1. Corporation Name

BRIAN P. PHILIPS, P.A.

Principal Place of Business

**11380 PROSPERITY FARMS RD.
SUITE 204
PALM BEACH GARDENS FL 33410**

Mailing Address

**11380 PROSPERITY FARMS RD.
SUITE 204
PALM BEACH GARDENS FL 33410**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1994

3a. Date of Last Report

4. FEI Number

65-0476668

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 Suite, Apt. #, etc.

22 City & State

24 Zip

Country

2b. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

**WITKOWSKI, RONALD
12788 W. FOREST HILL BLVD.
SUITE 2003
WEST PALM BEACH FL 33414**

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 607.0503 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 (Typed or printed name of registered agent and the filer)

(AGENT) Registered agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPST**
NAME **PHILIPS, BRIAN P**
STREET ADDRESS **11380 PROSPERITY FARMS RD., STE. 204**
CITY, ST, ZIP **PALM BEACH GARDENS FL 33410**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

655-5100

Bun. Howard

REMIT

14. I do hereby certify that the information supplied with this report was voluntarily furnished and does not qualify for the exemption stated in Section 199.032(5)(b), Florida Statutes. I further certify that the information indicated in the 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, and that I am a resident of the State of Florida, and that my name appears in Block 12 or Block 13 of this report. I am attaching this report with an address.

SIGNATURE

Signature (Typed or printed name of signing officer or director)

Date

Signature (Typed or printed name of filer)