

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **P94000054686 (8)**

1. Corporation Name

MARTHA PHILLIPS, INC.

Principal Place of Business

**230 WORTH AVE
POST OFFICE BOX 2302
PALM BEACH FL 33480
US**

Mailing Address

**230 WORTH AVE
POST OFFICE BOX 2302
PALM BEACH FL 33480-2202
US**



2. Principal Place of Business

150 WORTH AVE

Suite, Apt. #, etc.

STE 136

City, State

PALM BEACH FL

Zip

33480

Country

USA

2a. Mailing Address

150 WORTH AVE

Suite, Apt. #, etc.

STE 136

City, State

PALM BEACH FL

Zip

33480

Country

USA

3. Date Incorporated or Qualified

07/21/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0525959

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$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

**THIBADEAU, PAUL
950 SOUTH COUNTY RD
SUITE 204
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81 Name **LYNN P. MANULIS**

82 Street Address (P.O. Box Number is Not Acceptable)

150 WORTH AVE

83 **STE 136**

84 City, State

PALM BEACH FL

85 Zip Code

33480

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, 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

Lynn P. Manulis

4-1-97

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **MANULIS, LYNN P**
STREET ADDRESS **230 WORTH AVENUE**
CITY- ST- ZIP **PALM BEACH FL 33480**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **LYNN P. MANULIS**
1.3 STREET ADDRESS **150 WORTH AVE, STE 136**
1.4 CITY- ST- ZIP **PALM BEACH FL 33480**

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

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. 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:

Lynn P. Manulis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-97
Date

561-655-0832
Daytime Phone #