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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400055405

Corporation Name

PHYLLY-DILLY, INC.

Principal	Place	of	Business		

827 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334 Mailing Address

827 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334

FILED Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90039 041 ***150.00



no	NOT	WRITE	IN	THIS	SPACE

					3. Date Incorporated or Qualifed 07/25/1994		
2. Principal P	Place of Business . 2a. Mailing Address			4. FEI Number	Applied	For	
21		26			65-0521123	Not Ap	plicable
Suite, Apt.				\$8.75 Additional Fee Required			
City & Stat		City & State			6: Election Campaign Financing	5:00-Mey	- Be-
23		28			Trust Fund Contribution	Added to Fe	' 1
Zip	Country	Zip	Counti	гу	8. This corporation owes the current year Intangil	Je	
24	25	29	30		Personal Property Tax.	Yes □N	40
	9. Name and Address of Current	Registered Agent	<u> </u>		10. Name and Address of New Registered Age	nt	
			8	1 Name			
MEDVED, MICHAEL			-	<u> </u>	A CO CO November 1 To Man A constability	···	
827	E. OAKLAND PARK BLVD.		8	2 Street /	Address (P.O. Box Number is Not Acceptable)		J
	LAUDERDALE FL 33334		8	3		,	
			ľ	1			}
			8	4 City	8	Zip Code	
					FL	<u></u>	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was a	uthorized b	v the corpo	corporation submits this statement for the purpose of chair pration's board of directors. I hereby accept the appointment	nt as registe	red
SIGNATURE					muired when reinstating) DATE		_ -
	Signature, typed or printed name of registered agent			ent signature re		PECTORE	IN 12
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND D		Addition
TITLE	D	☐ DEFE LE	1.1 TITLE	ı	Ц	Criange [_ Addition
NAME	MEDVED, MICHAEL		1.2 NAME				
STREET ADDRESS	827 E. OAKLAND PARK BLVD.		1.3 STRE	ET ADDRESS	•		
CITY-ST-ZIP	FT. LAUDERDALE FL 33334		1.4 CITY	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change [Addition)
NAME			2.2 NAME				
STREET ADDRESS			2.3 STRE	ET ADORESS			
CITY-ST-ZIP			2.4 CITY	-ST-ZIP			
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STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	ST-ZIP	·		
TITLE		☐ DELETE	6.1 TITLE			Change [Addition
NAME			6.2 NAME				
	}		C O OTTO	ET ADDRESS			,
			0.3 5 IRE	E I ADDINESS I			
STREET ADDRESS CITY-ST-ZIP			6.4 CITY-	- 1	•		

14. I 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 corpolation 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>X 3-26-9</u>

Daytime Phone #