

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

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra D. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PA50000009060**
1. Corporation Name
Philcon Services, Inc

Principal Place of Business: **7401 Ehrlich Rd. Tampa FL 33625**
Mailing Address: **same**

2. Principal Place of Business: 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip 29 Country 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **2/10/95**

4. FEI Number: **59-3297322** 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 owes or has paid the current year intangible Personal Property tax due June 30: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Damian, Ricky
7401 Ehrlich Rd
Tampa FL 33625

10. Name and Address of New Registered Agent

81 Name

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

83

84 City 85 FL 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: Signature typed or printed name of registered agent and filed applicable (P.O. Box is not a valid signature required when not stated) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.02(3)(a), 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. The receiver or transfer empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if deleted, or in an attachment with full address.

SIGNATURE: **Ruby Dama** 6/1/97 813-926-8757