

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Feb 20 1996 8:00 am  
Secretary of State

DOCUMENT # P95000012285 (9)

1. Corporation Name  
PHC ENTERPRISES, INC.



Principal Place of Business  
11700 NO. 58TH STREET  
TAMPA FL 33617

Mailing Address  
POST OFFICE BOX 290589  
TAMPA FL 33687-0589

3. Date Incorporated or Qualified 02/14/1995	3a. Date of Last Report
4. FEI Number 59-3295889	Applied For Not Applicable
5. Certificate of Status Desired XX	\$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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1532 Pickwood Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 1532 Pickwood Ave. Suite, Apt. #, etc.
22 City & State 23 Orlando, FL Zip 32756 Country	27 City & State 28 Orlando, FL Zip 32756 Country

9. Name and Address of Current Registered Agent

CWJ INVESTMENTS, INC.  
11700 NO. 58TH STREET STE. F  
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PSD
NAME	HODGSKIN, DONALD R	1.2 NAME	Donald R. Hodgskin
STREET ADDRESS	C/O 11700 NO. 58TH STREET	1.3 STREET ADDRESS	1531 Pickwood Ave.
CITY-STATE-ZIP	TAMPA FL 33617	1.4 CITY-STATE-ZIP	Orlando, FL 32756
TITLE	VD	2.1 TITLE	VPD
NAME	CASTELLO, JOE	2.2 NAME	Sandra K. Parker
STREET ADDRESS	C/O 11700 NO. 58TH STREET	2.3 STREET ADDRESS	1532 Pickwood Ave.
CITY-STATE-ZIP	TAMPA FL 33617	2.4 CITY-STATE-ZIP	Orlando, FL 32756
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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:

DONALD R. HODGSKIN  
President

02/07/96

1-407-260-9535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)