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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Kathe rine Harris

Secre ary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000022553

1. Corporation Name

PHYLLIS G. SINGER, INC.

Principal	Place of	Business

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

04-26-1999 90299 018 ***150.00



Principal Place	e of Business	Mailing Address								
9355 N.W. 18TH MANOR		9355 N.W. 18TH MANOR								
PLANTATION FI	L 33322	PLANTATION FL 33322				DO NOT WRIT	E IN THIS S	PACE		
<u> </u>						Date Incorporated or Qualifed		TAGE		}
						03/21/1995				
	(8)	To Mailing Address				4. FEI Number		110	olied For	ł
2. Principal Place of Business 2a. Mailing Address					1 "				-	
21		26				65-0561894			Applicable	┨
Suite, Apt. #, etc.		-	Suite, Apt. #, etc.		5. Certifcate of Status Desired		\$8.75 / Fee Re			
22		27								}
City & State					6. Efection Campaign Financing		\$5.00	•	}	
23		28		intry		Trust Fund Contribution		Added 1	n rees	1
Zip	Country	Ζiρ		лиу		8. This corporation owes the curre	nt year Intar	rdible I √es	∃No	}
24	25	29	30			Personal Property Tax. 10. Name and Address of New Re	ngisters d A			ł
	9. Name and Adoress of Curren	Registered Agent		81	Name	10. Name and Address of New Re	gistert u A	Jent _		1
SING	BER, PHYLLIS G			10.	Haine			_		
	N.W. 18TH MANOR			82	Street Add	ress (P.O. Bo) Number is Not Acceptat	ole)			
	NTATION FL 33322									-
(1.74)	TRAILOR I C 33322			83						}
				84	City			85 Zip (Code	1
					•		FL			
11. Pursuant	to the provisions of Sections 607.050:	2 and 607.1508, Florida Statu	tes, the a	bove-	named corp	poration submils this statement for the poor's board of directors. I hereby accept	ourpose of c	nanging its	registered	-
agent. a	m familiar with, and accept the obligat	ions of, Section 607.0505, Fl	orida Stat	utes.	ie corporati	on's board of threetors. Thereby accept	the appoint	mont as to	giotorou	ĺ
SIGNATURE										i
SIGNATURE	Signature, typed or printed na ne of registered agen	t and title if applicable. (NOT	Registered	l Agent s	signature require	ed when reinstating)	DATE			6
12.		ti DIRECTORS	13.			ADDITIONS/CHANGES TO OFF				CR2E034 (11/98)
TITLE	PD	☐ DELETE	1.1 TT	TLE				☐ Change	☐ Addition	=
NAME	SINGER, PHYLLIS G		1.2 N/	AME						8
STREET ADDRE IS	9355 N.W. 18TH MANOR		1.3 ST	TREETA	ODRESS					<u>C</u>
CITY-ST-ZIP	PLANTATION FL 33322		1 4 CI	ITY-ST-2	ZIP					1 22
TITLE		☐ DELETE	2 1 TI	21 TITLE				Change	Addition	0
NAME			2.2 N/	2.2 NAME						}
STREET ADDRESS			2.3 \$7	2.3 STREET ADDRESS						
CITY-ST-ZIP			2.4 C	2. 4 CITY-ST-ZIP						
TITLE		☐ DELETE	3.1 Tr					Change	Addition	1
NAME			3.2 N/	AMF	-					ĺ
STREET ADDRESS					DDRESS					
1				ITY-ST-						
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TI		-			Change	Addition	
		المالية المالية	4. 2 N							
NAME					DDE00					
STREET ADDRESS			1		DORESS					
CITY-ST-ZIP		□ DELETE		TY-ST-	ZIP			☐ Change	☐ Addition	1
TITLE		☐ DELETE	5.1 TF 5.2 NA					பன்கு		
NAME :					PODECC					
STREET ADDRESS					DORESS					
CITY-ST-ZIP				ITY-ST-2	ZIP					1
TITLE		☐ DELETE	6.1 TI		}			Change	☐ Addition	}
NAME			6.2 NA							
STREET ADDRES 3			6.3 ST	TREET A	DDRESS					
CITY-ST-ZIP			6.4 Cf	TY-ST-Z	ZIP					

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 a nual 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 pyporation of the receive of trustee empowered to elecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if shanged, 11 or an address, with an address, with all other like empowered.