SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Sep 03 1997 8:00am

Secretary of State

DOCUMENT # P96000022607 (1)

PHILLIPS LANDING REALTY ASSOCIATES, INC.

Principal Place of Business Mailing Address 5401 KIRKMAN RD. 5401 KIRKMAN RD. SUITE 525 SUITE 525 ORLANDO FL 32819 ORLANDO FL 32819					DO NOT WRITE IN THIS SPACE	
				03/12/1996	3a. Date of Last Report	
2. Principal P	lace of Business	2a. Mailing Address	 	4. FEI Number	Applied For	
21		26		59-3366149	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	7ip	Country	Trust Fund Contribution	Added to Fees	
24	25	29	30	8. This corporation owes or has p Personal Property Tax due Jun		
	9. Name and Address of Curi		1001	10. Name and Address of New R		
DE	SHPANDE, ANIL		81 Name			
5401 KIRKMAN RD.			82 Streot	Address (P.O. Box Number is Not Accepta	blo)	
SUITE 525			02 00000	Address (F.O. Box Northber is Not Accepta	ible)	
ORLANDO FL 32819			83	111111111111111111111111111111111111111		
			84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the above-named	corporation submits this statement for the		
office or ri	egistered Agen / or both, in the Sta m farming with lead accept the ob-	ite of Florida, Such change was	authorized by the cor	corporation submits this statement for the poration's board of directors. I hereby acce	ppt the appointment as registered	
SIGNATURE		Hw. 1	March no. 1		¥/ > 7/97	
J	Signature, typed or printed name of registered		TE: Registered Al ent signature		DATE	
12.	D OF ICERS F	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFI		
NAME	LEIGHTSCY, TOM	□ perest	1.1 TITLE		· Change	
STREET ADDRESS	5401 KIRKMAN RD.SUITE 5	95	1.2 NAME 1.3 STREET ADDRESS	John T. Lightogyli	W. c	
CITY-ST-ZIP	ORLANDO FL 32819	LV		Orlando Fl 330	Le VI	
TITLE	THE THE PERIOD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Orlando H 329	Change Addition	
NAME			2.7 NAME		C Ostanike T Managai	
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-S1-ZIP			
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3 2 NAME		_ ,	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	<u> </u>		3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME		•	

14. If 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; that I am an officer or director of the corporation of 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 charteet, or yn an attachment with an address.

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

61 THLE

6.2 NAME

☐ DELETE

CICALATUDE.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

8/22/92

Change

Addition