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

**PROFIT** CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # P96000027271 (1) PHS CORPORATION Principal Place of Business Mailing Address 4703 DEVONSHIRE BLVD. 4703 DEVONSHIRE BLVD. PALM HARBOR FL 34685 PALM HARBOR FL 34685-2626 3. Date Incorporated or Qualified 3a. Date of Last Report 03/28/1996 2a. Mailing Address 4. FE! Number 2. Principal Place of Business Applied For 59-3427061 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes **烃** No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Namo STROSS, PAMELA 4703 DEVONSHIRE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR FL 34685 В3 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed page of real-tenic agent and take it applies the ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6)DELLIE Change \* Addition TITLE 1.1 THE P/S/T/D NAME 1.2 NAME CR2E034 Pamela J. Stross STREET ADDRESS 1.3 STREET ADDRESS 4703 Devonshire Blvd. Palm Harbor, FL 34685 DITY-ST-ZIP 1.4 Crty+ \$1 - 7/P Change DELFTE Addition TITLE 2.1 TILLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 C/1Y+\$1-7IP DETETE Change Addition TITLE 3.1 THUE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY - ST- ZIP DITETL Change Addition TITLE 4.1 TILLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET AUDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 III E TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C/TY - \$1 - ZIP DELETE Change Addition TITLE 611048 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CPY-\$1-7P

14. I 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 offect as if made under eath 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.

3/21/03-

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**FILED** 

Apr 16 1997 8:00am