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

PROFIT CORPORATION ANNUAL REPORT 1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Feb 09 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000034540 (0)

PHILLIPS GAY COMPLIANCE SERVICES, INC.

Principal Place of Business Mailing Address					F CONTRADO FIRE CREATE QUEST OFFICE FULL DESIGNATIONS	HINTO BREDI SERRI BIDIN 1001 1021
2039 N.W. 102 TERRACE 2039 N.W. 102 TERRACE			CE			
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33			3071		DO NOT WRITE IN THE	CD4.CC
					DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE
					04/19/1996	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0717851	Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required	
City & Sta	ate	City & State			6. Election Campaign Financing	\$5.00 May Be
		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zíp	Coun	try	8. This corporation owes or has paid the cur	rent year intangible
24	25	29	30			X Yes ☐ No
	9. Name and Address of Curre	ent Registered Agent		ne la	10. Name and Address of New Registered	Agent
	GAY, PHILLIPS G JR.		*	31 Name		
4	2039 N.W. 102 TERRACE		Ē	Street Add	ress (P.O. Box Number is Not Acceptable)	
į (	CORAL SPRINGS FL 33071		<u> </u>			
			١	13		
			8	34 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the abo	ove-named corp		changing its registered
office or I	registered agent, or both, in the Stat	e of Florida. Such change was a	uthorized	by the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	ointment as registered
	arriamat with, and accept the oping	galons of, decilon dov.0000, inc	nica Siaiui	ies.		
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE	E: Registered A	Agent signature requir	ed when reinstating) DATE	
12.	OFFICERS AN	ND DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	DELETE	1,1 TITLE			☐ Change ☐ Addition
NAME	GAY, PHILLIPS G JR.		12 NAM	E		
STREET ADDRESS	2039 N.W. 102 TERRACE		1.3 STRE	ET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS FL 3307	1	1.4 CITY	-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAM	E		
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP						
TITLE			2, 4 CITY	-ST-ZIP		
NAME		DELETE	2, 4 CITY 3.1 TITLE			Change Addition
		☐ DELETE				Change Addition
STREET ADDRESS		☐ DELETE	3.1 TITLE 3.2 NAME			Change Addition
STREET ADDRESS CITY - ST - ZIP		☐ DELETE	3.1 TITLE 3.2 NAME	E Et address		Change Addition
		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STRE	E ET ADDRESS '-ST-ZIP		☐ Change ☐ Addition ☐ Change ☐ Addition
CITY - ST - ZIP			3.1 TITLE 3.2 NAME 3.3 STRE 3.4. CITY	E ET ADDRESS '-ST-ZIP		
CITY - ST - ZIP			3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME	E ET ADDRESS '-ST-ZIP		
CITY-ST-ZIP TITLE NAME			3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME	E ET ADDRESS -ST-ZIP EE ET ADDRESS		
CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY 4.1 TITLE 4. 2 NAME 4.3 STREE	E ET ADDRESS '-ST-ZIP E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STREE 4.4 CITY	E ET ADDRESS -ST-ZIP ET ADDRESS ET ADDRESS -ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	3.1 TITLE 3.2 NAM6 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STREI 4.4 CITY 5.1 TITLE 5.2 NAME	E ET ADDRESS -ST-ZIP ET ADDRESS ET ADDRESS -ST-ZIP		☐ Change ☐ Addition
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME		DELETE	3.1 TITLE 3.2 NAM6 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STREI 4.4 CITY 5.1 TITLE 5.2 NAME	E ET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP ET ADDRESS		☐ Change ☐ Addition
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS		DELETE	3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREE	E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		☐ Change ☐ Addition
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ DELETE	3.1 TITLE 3.2 NAM 3.3 STREI 3.4. CITY 4.1 TITLE 4. 2 NAM 4.3 STREI 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STREE 5.4 CITY	E ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP		Change Addition  Change Addition

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 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 of an stage ment with an address.