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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90191 050 \*\*\*150.00

**FILED** 

1999

DOCUMENT # P97000031844 1. Corporation Name

"PHYWEI	L. INC.

Principal Place of Business

	od Park Blvd. Suite 250 Fl 32256	10151 DEERWOOD PARK BLVE BLDG 200 SUITE 250 JACKSONVILLE FL 32256 US	D.	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  04/08/1997		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Apr	olied For
	EMERSON EXPY	26 4555 EMERS	IN EXPY	59-3456792	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.  27 Suite 200	91	5. Certificate of Status Desired	\$8:75 A	I
City & State	<del>_</del>	City & State  28 ACKSONVILLE	F FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 h Added to	
Zip 24 3 2 2 (	Country	Zip 29 32207 30	Country	This corporation owes the current year In Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	I Agent	
FEY, CHRISTOPHER T  10151 DEERWOOD PARK BLVD. BLDG. #200  SUITE 3250  LACKSONVILLE FL 32256			82 Street 4 43 50	Address (P.O. Box Number is Not Acceptable)  SS EMERSON EXPY  11TE 200		
			84 City	ACKSONVILLE FI	85 Zip C	207
office or re agent. I as	egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent is	r Florida. Such change was authons of, Section 607.0505, Florida and title if applicable. (NOTE: Res	onzed by the corpo	corporation submits this statement for the purpose or ration's board of directors. I hereby accept the appointment of the purpose of the purp	Jimmem as reg	gistered 6
12.	OFFICERS AND	DELETE	1.1 TITLE	C	Change	Addition
TITLE	P	□ OETE IE	1.1 IIILE	GEV CHRISTOPHER T.	(IE) Guidings	
NAME	FEY, CHRISTOPHER T		1.2 NAME	FEY CHRISTOPHER T. 1019 SHIPWATCH DRIVE EAST		\ <u>2</u>
STREET ADDRESS	1018 SHPIWATCH DRIVE EAST		1.3 STREET ADDRESS	IDIA SHIPE TO SHIP,		[
CITY-ST-ZIP	JACKSONVILLE FL 32225		1.4 CITY-ST-ZIP	JACKSONVILLE FL 31225		è
TITLE	<del>VTS -</del>	DELETE	2.1 TITLE	P Carpedian (1)	☐ Change	[g-Addition   C
NAME	HOWALT, LYRA G		2.2 NAME	FEY, FREDERICK W. 668 PONTE VEDRA BLYD.		
STREET ADDRESS	9751 BRIGHTWOOD ROAD		2.3 STREET ADDRESS	668 PENTE VEDET BETT		
CITY-ST-ZIP	JACKSONVILLE FL 32257		2 4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 31		
TITLE		☐ DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			}
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME		ļ	4.2 NAME			{
STREET ADDRESS			4.3 STREET ADDRESS			ļ
CITY-ST-ZIP			4.4 CITY-ST-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 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 pustoe 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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITED ECER OR DIRECTOR

☐ DELETE

DELETE

Change

Addition

☐ Addition