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PROFIT CORPORATION ANNUAL REPORT

· 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000083802

1. Corpctation Name

PHILIP G	iUO, P.A.										
		B.4-5	I: A-I-I								
Principal Place			ling Address				,				
1001 N FEDERA SUITE 317	AL HWY		N FEDERAL HWY E 317								
HALLANDALE FI	33009		LANDALE FL 33009				D	O NOT WRIT	E IN THIS	SPACE	
US *	2 33000	US	DINDNEE TE GOOD			3.	Date Incorporated	or Qualifed			
						"	09/26/1997		•		
2 Prencipal Pl	ace of Business	2a. 1	Mailing Address			4.	FEI Number			Ap	plied For
21		26	· ·				65-0784090				t Applicable
Suite, Apt. i	#. etc.		Suite, Apt. #, etc.					- D'		\$8.75	Additional
22	•	27	·			5.	Certifcate of Statu	s Desired		Fee Re	quired
City & State	9		City & State			6.	Election Campaign	Financing		\$5.00	May Be
23		28					Trust Fund Contrib	oution	ш	Added t	o Fees
Zip	Country	 ;	Zip	Count	ry	8.	This corporation o	wes the curre	nt year Int	angible	_
24	25	29		30			Personal Property	Tax.		Yes	Mo
	9. Name and Address of Currer	nt Registe	ered Agent			10	. Name and Addre	ss of New Re	gistered	Agent	
GUO	, PHILIP			8			uo, PHI				
166Z N.E. 185TH STREET			8	82 Street Address (P.O. Box Number is Not Acceptable)							
	E 144			8	3 1001	N F	ederal Hwy.	Suite	2 317	<u> </u>	
MIAM	ff FL 33179			- -				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		85 Zip (Code
					' 		ndale		FL	3	3009
11. Pursuant t	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607	7.1508, Florida Statuto	es, the abo	ve-named	corporatio	on submits this state	ment for the p	urpose of	changing its	registered distered
office or re	egistered agent, or both, in the State	/ OI FISHIDA	i. Such change was a	unionzeu b	y life corpo	JI ALION S D	Daid of directors.	ioropy docop.	uppo.		9.0
agent. I ar	m familiar with, and accept the obliga	ationé of, &	Section 607.0505, Flo	nda Statute	3 5 .				A		
agent. I ar	m familiar with, and accept the Obliga	ations of, S	Section 607.0505, Flor	P G	40			01	10a	199	
agent. I ar	Signature, typed or printed name of registered age	ations of, S	Section 607.0505, Flor	Registered Ag					DATE		
agent. I ar SIGNATURE 12.	Signature, typed or printed name of registered age	ations of, S	applicable. (NOTE	Registered Ag	gent signature re		reinstating) ADDITIONS/CHAN		DATE	ID DIRECTO	
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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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

01/02/99

(454) 456-0666