

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000004112

1. Corporation Name

PH PLANT CITY, INC.

Principal Place of Business

c/o Ehud Barkai
638 Lindero Canyon Road
Suite 173
Agoura, California 91301

Mailing Address

c/o Ehud Barkai
638 Lindero Canyon Road
Suite 173
Agoura, California 91301

2. Principal Place of Business

2a. Mailing Address

26

21 Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

22 City & State

City & State

28

23 Zip

Zip

29

24 Country

Country

30

9. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

January 13, 1998

4. FEI Number

59-3486103

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. This corporation owes the current year Intangible
Personal Property Tax.

Yes

No

10. Name and Address of New Registered Agent

81 Name
Conrad Swanson, Esquire

82 Street Address (P.O. Box Number is Not Acceptable)
121 North Collins Street

83

84 City
Plant City

FL 85 Zip Code
33566

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

6-14-99

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	Barkai, Ehud		1.2 NAME	
STREET ADDRESS	638 Lindero Canyon Road, Ste. 173		1.3 STREET ADDRESS	
CITY-ST-ZIP	Agoura, California 91301		1.4 CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	Gordon, Rawson C.		2.2 NAME	
STREET ADDRESS	Ste. 3100, Promenade II 1230 Peachtree Street, N.E.		2.3 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, Georgia 30309-3592		2.4 CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	Barkai, Edith A.		3.2 NAME	
STREET ADDRESS	638 Lindero Canyon Road, Ste. 173		3.3 STREET ADDRESS	
CITY-ST-ZIP	Agoura, California 91301		3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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 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 checked or in an attachment with an address with all other like numbered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ehud Barkai

6-14-99

818-991-3696

Date

Daytime Phone #