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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000065946

1. Corporation Name

PHIDIA CORP.

May 03, 1999 8:00 am Secretary of State

05-03-1999 90071 050 ***150.00



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Principal Place	of Business	Mailing Address		-	-	£1191 BILLO (211) B1910	E() 10E)
3408 HEATHER TERRACE LAUDERHILL FL 33319 LAUDERHILL FL 33319							
ENOBERNIEL 1E 33013					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					07/28/1998		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied	For
21		26			65-0854219	Not App	plicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	- \$8.75 Additi	ional
22		27			5. Certificate of Status Desired	Fee Require	ed
City & State	e	City & State		يم	- 6Election Campaign Financing	\$5.00 May	Ве
23		28		-	Trust Fund Contribution	Added to Fe	es
Zip	Country	Zip	Count	ry	8. This corporation owes the current year In		
24	25	29 30	0		Personal Property Tax.	Yes DN	lo
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent	
			8	1 Name			{
AMERILAWYER 1			-	2 Street Addre	ss (P.O. Box Number is Not Acceptable)		
343 ALMERIA AVENUE		l°	Street Addre	SS (F.O. BOX Number is Not Acceptable)		İ	
CORAL GABLES FL 33134		8	3				
			L			1	
			18	4 City	FL	85 Zip Code	·
•			[]			<u> </u>	
office or re	to the provisions of Sections 607.0502 sgistered agent, or both, in the State o m familiar with, and accept the obligat	of Florida. Such change was autt	, the abo	ov the corporation	ration submits this statement for the purpose of 's board of directors. I hereby accept the appo	changing its regis intment as registe	stered red
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State on the state of the colligation of the obligation of the colligation of the collins of	of Florida. Such change was auth ions of, Section 607.0505, Florid	, the abo horized b la Statute	ov the corporation	ration submits this statement for the purpose of n's board of directors. I hereby accept the appo	changing its registe	stered red
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6.4 CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

☐ DELETE

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Change

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