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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morrison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S02437 (9)

1. Corporation Name

PHD EQUITY CORPORATION

Principal Place of Business

1500 CORP. CTR. WAY, #200
WELLINGTON FL 33414

Mailing Address

1500 CORP. CTR. WAY, #200
WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/13/1990

3a. Date of Last Report

03/17/1994

4. FEI Number

65-0227946

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1200 CORPORATE CTR WAY

26 1200 CORPORATE CTR WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #100

27 #100

City & State

City & State

23 WEST PALM BCH FL

28 WEST PALM BCH FL

Zip

Country

Zip

Country

24 33414

25 PALM BCH

29 33414

30 PALM BCH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JURAN, LAWRENCE B.
2255 GLADES ROAD
#300E
BOCA RATON FL 33431

81 Name

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

83

84 City

FL

85 Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSD
NAME SANDS, DONALD A.
STREET ADDRESS 1500 CORP. CTR. WAY
CITY-ST-ZIP WELLINGTON FL

TITLE PTD
NAME RENDINA, BRUCE A.
STREET ADDRESS 1500 CORP. CTR. WAY
CITY-ST-ZIP WELLINGTON FL

TITLE D
NAME SANDS, IRVING
STREET ADDRESS 1500 CORP. CTR. WAY
CITY-ST-ZIP WELLINGTON FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1200 CORPORATE CTR WAY #100
WEST PALM BCH FL 33414

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1200 CORPORATE CTR WAY #100
WEST PALM BCH FL 33414

3.1 TITLE

☒ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

1200 CORPORATE CTR WAY #100
WEST PALM BCH FL 33414

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 its registrator or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donald A. Sands, Vice President

Signature

Typed Name