

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S06878** (0)

1. Corporation Name

CORPORATE OFFICES AT PHILLIPS POINT, INC.

Principal Place of Business

**STE. 1102-W
777 SOUTH FLAGLER DR.
WEST PALM BEACH FL 33401**

Mailing Address

**STE. 1102-W
777 SOUTH FLAGLER DR.
WEST PALM BEACH FL 33401**

2. Principal Place of Business

2a. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

24

Country

25

26

27

3. Date Incorporated or Changed

10/18/1990

3a. Date of Last Report

08/10/1994

4. FEI Number

65-0233870

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

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALTERS, MICHAEL J.
777 SOUTH FLAGLER DR.
STE. 1102-W
WEST PALM BEACH FL 33401**

01. Name

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

03.

04. City

FL

05. Zip Code

11. Pursuant to the provisions of Sections 602, 606, and 607, 1908, Florida Statutes, this 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 Sections 602, 606, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Change of Registered Agent

Signature of Registered Agent or Change of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME

**DVS
WALTERS, MICHAEL J.
777 S. FLAGLER DR.
W. PALM BEACH FL**

STREET ADDRESS

CITY, STATE, ZIP

NAME

**DPT
HAYDEN, DIONNE L.
777 S. FLAGLER DR.
W PALM BCH FL**

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

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41. NAME

42. NAME

SIGNATURE:

Dionne L. Hayden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-95

401-835-1000