FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:23

DOCUMENT # **S07295** **(6)**

1. Corporation Name
THE PHILIP ELGART CORPORATION

Principal Place of Business	Mailing Address
2435 HOLLYWOOD BLVD HOLLYWOOD FL 33020	2435 HOLLYWOOD BLVD HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/17/1990**
3a. Date of Last Report: **07/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **65-0232237** ☐ 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

9. Name and Address of Current Registered Agent

COTLER & BASEMAN, P.A.
2455 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name: Phillip Elgart ~~STEPHEN AT KEPLISS & ASSOCIATES, P.C.~~
82 Street Address (P.O. Box Number is Not Acceptable): 20100 W Country Club Drive
83 ~~1300 NE. KIMBLE AVENUE~~
84 City: North Miami Beach ~~MORRISTOWN, NEW JERSEY~~ FL ~~NJ~~ 85 Zip Code: 33180 ~~07960~~

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: Philip Elgart 3/27/95
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	11 TITLE		☒ Change ☐ Addition
NAME	ELGART, PHILIP	12 NAME		
STREET ADDRESS	20100 W COUNTRY CLUB DR	13 STREET ADDRESS	NO LONGER AN OFFICER	
CITY-ST-ZIP	N MIAMI BCH FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	ELGART, PHILIP	22 NAME		
STREET ADDRESS	20100 W COUNTRY CLUB DR	23 STREET ADDRESS	NO LONGER AN OFFICER	
CITY-ST-ZIP	N MIAMI BCH FL	24 CITY-ST-ZIP		
TITLE		31 TITLE	P	☐ Change ☒ Addition
NAME		32 NAME	ELLEN CONOVITZ	
STREET ADDRESS		33 STREET ADDRESS	36 HAWTHORNE LANE	
CITY-ST-ZIP		34 CITY-ST-ZIP	GREAT NECK, NEW YORK 11023	
TITLE		41 TITLE	VP	☐ Change ☒ Addition
NAME		42 NAME	JUDITH SCHNEIDER	
STREET ADDRESS		43 STREET ADDRESS	340 EAST 64TH STREET, #6D	
CITY-ST-ZIP		44 CITY-ST-ZIP	NEW YORK, NEW YORK 10021	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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.

SIGNATURE: Ellen E. Conovitz ELLEN E. CONOVITZ 3/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #