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
95 AUG -3 AM 9:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S23890** **(4)**

1. Corporation Name
PHL SERVICES, INC.

Principal Place of Business	Mailing Address
7251 SW 152ND ST MIAMI FL 33157	7251 SW 152ND ST MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/09/1991
3a. Date of Last Report: 07/06/1994

2. Principal Place of Business
21 5890 SW 102 ST
22 Suite, Apt. #, etc.
23 City & State: MIAMI FL
24 Zip: 33156
25 Country: USA.

2a. Mailing Address
26 5890 SW 102 ST.
27 Suite, Apt. #, etc.
28 City & State: MIAMI FL.
29 Zip: 33156
30 Country: USA

4. FEI Number: 65-0247330 ☐ 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

LEVIN, PAUL E.
7251 SW 152ND ST
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 5890 SW 102 ST.
84 City: MIAMI FL 85 Zip Code: 33156

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 _____ DATE
Signature, typed or printed name of registered agent and the date signed (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	SAME	☒ Change ☐ Addition
NAME	LEVIN, PAUL E.	12 NAME	SAME	
STREET ADDRESS	7251 SW 152ND ST	13 STREET ADDRESS	5890 SW 102 ST	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	MIAMI FL 33156	
TITLE	DV	21 TITLE	SAME	☒ Change ☐ Addition
NAME	LEVIN, HOLLY E.	22 NAME	SAME	
STREET ADDRESS	7251 SW 152ND ST	23 STREET ADDRESS	5890 SW 102 ST	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	MIAMI FL 33156	
TITLE	DST	31 TITLE		☐ Change ☐ Addition
NAME	LOUGHLIN, CAROLYN	32 NAME		
STREET ADDRESS	12950 NEVADA ST	33 STREET ADDRESS		
CITY ST ZIP	CORAL GABLES FL	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
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 the 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: Paul E. Levin PAUL E. LEVIN 7/20/95 305-669-0825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0171403 CP