

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S64960

1. Corporation Name

PHILIP H. TREES, P.A.

Principal Place of Business

125 SOUTH SWOOPE AVENUE
SUITE 109
MAITLAND FL 32751

Mailing Address

125 SOUTH SWOOPE AVENUE
SUITE 109
MAITLAND FL 32751

2. Principal Place of Business

2a. Mailing Address

21 125 SOUTH SWOOPE AVE
Suite, Apt. #, etc

26 125 SOUTH SWOOPE AVE
Suite, Apt. #, etc

22 SUITE 107

27 SUITE 107

City & State

City & State

23 MAITLAND FL.
Zip Country

28 MAITLAND FL.
Zip Country

24 32751

29 32751

9. Name and Address of Current Registered Agent

TREES, PHILLIP H
125 SOUTH SWOOPE AVENUE
SUITE 109
MAITLAND FL 32751

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, hereby certifies that 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

(If the Registered Agent is a corporation, enter the name of the corporation)

(Title)

12. OFFICERS AND DIRECTORS

TITLE	DPST	[] DELETE
NAME	TREES, PHILIP H.	
STREET ADDRESS	125 SOUTH SWOOPE AVENUE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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****150.00 ****150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 111.07(4)(c), 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 on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99

407-689-7179

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CR2E034 (11/98)

FILED

99 APR 27 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

