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

May 07, 1999 8:00 am Secretary of State

01/31/1992 4. FEI Number

59-3139966

5. Certifcate of Status Desired

6. Election Campaign Financing

05-07-1999 90059 011 ***150.00

FILED

DOCUMENT # V10804

1. Corporation Name

24

PHILNE'S INC.

Zip	Country	Zip	Country	
City & State		City & State		
		27		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	•	
7		26		
2. Principal Place o	Business	2a. Mailing Address		
16213 RAMBLING VINE DR TAMPA FL 33624		16213 RAMBLING VINE DR TAMPA FL 33624		
Principal Place of Business		Mailing Address		

9. Name and Address of Current Registered Agent

29

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

Trust Fund Contribution	Added to Fees
This corporation owes the current yes Personal Property Tax.	ear Intangible
10. Name and Address of New Regist	ered Agent
s (P.O. Box Number is Not Acceptable)	

Fee Required

\$5.00 Mail Ba

Applied For

Not Applicable \$8.75 Additional

COHEN, ROBERT F

25

762T N DACE MADH	f
STE #106	
· TAMPA FL 33614 '	

82	Street Address (P.O. Box Number is Not Acceptable)	B	/v	P
83				
84	City TAMPA.	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.

81 Name

30

SIGNATURE	Word x	erhen			1/29/49		
	Signature, typed or printed name of registered agent and tr		Registered Agent signature required		DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I			
ITLE	CEO	☐ DELETE	1.1 TITLE		Change	Addition	
IAME	NESPECA, PHILOMENA		1.2 NAME				
TREET ADDRESS	16213 RAMBLING VINE DR. W.		1.3 STREET ADDRESS				
XTY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP				
TITLE	T	☐ DELETE	2.1 TITLE		Change	Addition	
NAME	NESPECA, EDWARD		2.2 NAME				
STREET ADDRESS	16213 RAMBLING VINE DR. W.		2.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-ST-ZIP				
TITLE		☐ DELETÉ	3.1 TITLE		Change	Addition	
NAME			32 NAME				
STREET ADDRESS			3 3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP	_			

4 1 TITLE

5.1 TITLE

5.2 NAME

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

CITY	-ST-ZIP		6.4 CITY-ST-ZIP	
14.	I hereby o	certify that the information supplied with this filing does not qualify for the	e 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	e and that my sign	ature shall have the same legal effect as if made under dath; that I am an
	officer or	director of the corporation or the receiver or trustee empowered to exec	cute this report as a	equired by Chapter 607, Florida Statutes; and that my name appears in
	Block 12	or Block 13 if changed of on an attachment with an address, with all of	her like emnowere	1

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

NAME

☐ DELETE

☐ DELETE

☐ DELETE

Change

☐ Change

CR2E034 (11/98)

≣:.

≣:

Addition

___ Addition

☐ Addition