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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V17807

(1)

XYLE'PHLOEM, INC.

FILED	
May 14 1997 8:00ar	m
Secretary of State	

- 1 (BANK DIJUA) KIDIK KUUDI TANK HARRI (BAR BIBIK DIDIK DIDIK DIJUK DIDIK ATAN ATAN 1886

Principal Place of Business Mailing Address			I OND BAIDON FEDIL (DOB) (814) DOES! (817)	0 0 1 0 1 0 0 0 0 0			
14372 HORSESHORE TRACE		P. O. BOX 676	P. O. BOX 676				
W. PALM BCH.	FL 33414	LOXAHATCHEE FL 33470	-0676				
US		US			3. Date Incorporated or Qualified	3a. Date of Last Report	
6 Distant	In an all Durch and				03/02/1992	02/16/1996	
2. Principal Place of Business		h1 -	2a. Mailing Address		4. FEI Number 65-0314755	Applied For	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		0070014700	Not Applicable \$8.75 Additional	
22		27	├── ┐		5. Certificate of Status Desired	Fee Required	
City & State		City & State	4		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for i	nte gible tax under s. 199.032,	
24	25	29	30			Yes No	
F) A	9. Name and Address of Curre		81	None	10. Name and Address of New Registered Agent		
	RIDA REGISTERED AGENTS IN	U	8"	Name			
	SE 2ND ST		82	Street Add	ress (P.O. Box Number is Not Acceptab	lo)	
	TE 3600 MI FL 33131		83				
MIN	MI FL 33131		63				
			84	City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statu	tes the above	anamed com	poraling submits this statement for the p		
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	authorized by	the corporat	poration submits this statement for the p tion's board of directors. I hereby accep	the appointment as registered	
_	maninar with and accept the oblig	gations of occitor 607,0005, F	ionda statutes	٠.			
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable NO	TE Registered Age	nt signature requi	red whon roinstating)	DATE	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITL€			Change Addition	
NAME	STOPEK, HARRIET		1.2 NAME				
STREET ADDRESS	3771 ENVRION BLVD #147	•	1.3 STREE1	ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP				
TITLE			2.1 TITLE			Change Addition	
NAME	Stopek, Alan P. O. Box 676 N/A		2.2 NAME				
STREET ADDRESS	I OVALIATOUEE EI		2.3 STREET				
CITY-ST-ZIP TITLE	EOMINIONEE 1 E	2.011		1- ZIP		Change Addition	
NAME.		L. Ditterio	3.1 TITLE 3.2 NAME	ŀ		Change Modition	
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP	•		3.4 CITY-S				
TITLE			4.1 701E	1-61		Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S				
TITLE			5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS :			
CITY-ST-ZIP			5.4 CITY-ST	1- 2 IP			
TITLE		☐ DELETE	6.1 TITLE			Change Addition	
NAME			62 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP		1 51 1 70	64 CITY-ST				
informatio	by certify that the information supplied indicated on this annual report or	ed with this filing does not quaf supplemental annual report is	ity for the exer true and accu	mption stated rate and that	d in Section 119.07(3)(i), Florida Statutes I my signature shall have the same legal	I further certify that the effect as if made under eath; that if	
information indicated on this annual report or supplier ental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the deciver prustee 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 or an attachpent with an address.							
4-4	7		,				