

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V26653 (8)

1. Corporation Name

PARRY PHILLIPS, P.A.

Principal Place of Business

3500 N. STATE RD. 7
SUITE 125
LAUDERDALE LAKES FL 33319

Mailing Address

3500 N. STATE RD. 7
SUITE 125
LAUDERDALE LAKES FL 33319

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/06/1992

3a. Date of Last Report

03/14/1994

4. FEI Number

65-0323309

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

2. Principal Place of Business

21 3500 N. STATE RD 7

2a. Mailing Address

26 3500 N. S TATE RD 7

Suite, Apt. #, etc.

22 125

Suite, Apt. #, etc.

27 125

City & State

23 LAUDERDALE LAKES, FL

City & State

28 LAUDERDALE LAKES, FL

Zip

24 33319

Country

25 U.S.A.

Zip

29 33319

Country

30 USA

9. Name and Address of Current Registered Agent

PHILLIPS, BRINEL JOY
WORLD EXECUTIVE BLDG., SUITE 125
3500 N. STATE ROAD 7
LAUDERDALE LAKES FL 33319

10. Name and Address of New Registered Agent

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PHILLIPS, BRINEL JOY
STREET ADDRESS	3500 S STATE RD. 7, #125
CITY-ST-ZIP	LAUDERDALE LAKES FL
TITLE	VD
NAME	PHILLIPS, DAVID P.
STREET ADDRESS	3500 S STATE RD. 7, #125
CITY-ST-ZIP	LAUDERDALE LAKES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), 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: BRINEL JOY PHILLIPS *BJ Phillips* 1-11-95 305-733-8929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Term