

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

**FILED**

**Jan 14 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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**  
**US**

**Mailing Address**  
**3500 N.STATE RD 7**  
**SUITE 125**  
**LAUDERDALE LAKES FL 33319-5624**  
**US**



**3. Date Incorporated or Qualified** **04/06/1992** **3a. Date of Last Report** **01/24/1996**

**2. Principal Place of Business**  
**21 3500 N. State Rd. 7**

**2a. Mailing Address**  
**26 3500 N. State Rd. &**

**4. FEI Number** **65-0323309** **Applied For** ☐ **Not Applicable** ☐

**Suite, Apt. #, etc.**  
**22 125**

**Suite, Apt. #, etc.**  
**27 125**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**City & State**  
**23 Lauderdale Lakes, Fl**

**City & State**  
**28 Lauderdale lakes, Fl**

**6. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**Zip**  
**24 33319**

**Country**  
**25 USA**

**Zip**  
**29 33319**

**Country**  
**30 USA**

**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes** ☒ **Yes** ☐ **No**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
<b>TITLE</b>	<b>PD</b> <input type="checkbox"/> <b>DELETE</b>
<b>NAME</b>	<b>PHILLIPS, BRINEL JOY</b>
<b>STREET ADDRESS</b>	<b>3500 N. STATE RD. 7, #125 3500 N. State Rd7</b>
<b>CITY-ST-ZIP</b>	<b>LAUDERDALE LAKES FL</b>
<b>TITLE</b>	<b>VD</b> <input type="checkbox"/> <b>DELETE</b>
<b>NAME</b>	<b>PHILLIPS, DAVID P.</b>
<b>STREET ADDRESS</b>	<b>3500 S STATE RD. 7, #125 3500 N. State Rd 7</b>
<b>CITY-ST-ZIP</b>	<b>LAUDERDALE LAKES FL</b>
<b>TITLE</b>	<input type="checkbox"/> <b>DELETE</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>DELETE</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> <b>DELETE</b>
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>1.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	
<b>1.4 CITY-ST-ZIP</b>	
<b>2.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY-ST-ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY-ST-ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY-ST-ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY-ST-ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY-ST-ZIP</b>	

**14. I do hereby certify that the information supplied with this filing 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 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 J. Phillips.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Brinel J. Phillips* **1-6-97**

Date Daytime Phone

CR2E034 (9/96)