

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90104 013 \*\*\*150.00

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DOCUMENT # **V26653**

1. Corporation Name

**PARRY PHILLIPS, P.A.**

Principal Place of Business

**BRINEL JOY PHILLIPS**  
**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**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/06/1992**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21 4469 North State Rd 7**

2a. Mailing Address

**26 4469 North State Rd 7**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 Lauderdale Lakes, FL**

City & State

**28 Lauderdale Lakes, FL**

Zip Country

**24 33319 25 USA**

Zip Country

**29 33319 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

**PHILLIPS, BRINEL JOY**

82 Street Address (P.O. Box Number is Not Acceptable)  
**Lakes Town Center**

83

**4469 North State Road 7**

84 City

**Lauderdale Lakes**

**FL**

85 Zip Code  
**33319**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME **PHILLIPS, BRINEL JOY**  
STREET ADDRESS **3500 N STATE RD 7**  
CITY-ST-ZIP **LAUDERDALE LAKES FL**

TITLE VD ☐ DELETE

NAME **PHILLIPS, DAVID P.**  
STREET ADDRESS **3500 N STATE ROAD 7**  
CITY-ST-ZIP **LAUDERDALE LAKES FL**

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

1.1 TITLE

PD

☐ Change ☐ Addition

1.2 NAME

**Phillips, Brinel Joy**

1.3 STREET ADDRESS

**4469 North State Road 7**

1.4 CITY-ST-ZIP

**Lauderdale Lakes, FL 33319**

☐ Change ☐ Addition

2.1 TITLE

VD

☐ Change ☐ Addition

2.2 NAME

**Phillips, David P**

2.3 STREET ADDRESS

**4469 North State Road 7**

2.4 CITY-ST-ZIP

**Lauderdale, Lakes, FL 33319**

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: **Brinel Joy PHILLIPS** 2-4-99 954 733-8929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)