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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(8)

PHW DESIGN WORKS, INC.

FILED Apr 20 1998 8:00am Secretary of State

Mailing Address Principal Place of Business 2508 NW 59TH STREET 2508 NW 59TH STREET **BOCA RATON FL 33496 BOCA RATON FL 33496** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/12/1992 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0330375 Not Applicable 26 21 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 25 29 Personal Property Tax due June 30. 24 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WEISS, PHYLLIS H. 2508 NW 59 ST. Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33496** 83 84 City 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 accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE INO15 Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13, DELETE 1.1 TITLE Change TITLE WEISS. PHYLLIS 1.2 NAME NAME 2508 NW 59TH STREET 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33496** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE TITLE 2.1 TITLE Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS City-St-ZIP 2 4 CITY-ST-ZIP DELFTE Addition 3.1 TITLE TITL F 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-\$1-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change ■ Addition 61 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

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 challed. Or on an attachment with an aridress

SIGNATURE: