## 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

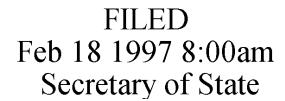
DOCUMENT # V40958

(3)

Principal Place of Business

PHILIP PAUL C.P.A., P.A.

Mailing Address 16880 N.E. 19TH AVENUE





| 1880 N.E. 19TH AVENUE<br>NORTH MIAMI BEACH FL 33162  |   |  | 16880 N.E. 19TH AVENUE<br>North Miami Beach Fl. 33162-3108 |                      |   | 4.1                              |                |
|--|---|--|--|----------------------|---|----------------------------------|----------------|
|  |   |  |  |                      | 3. Date Incorporated or Qualified 06/01/1992  | 3a. Date of Last F<br>01/23/1996 | Report         |
| 2. Principal P                                       | lace of Business                              | 2a. Mailing Address                                      |  |                      | 4. FEI Number<br>65-0336748   | A                                | pplied For     |
| 21   |   | 26   |  |                      |   |                                  | lot Applicable |
| Suite, Apl. #, etc.<br>22                            |   | Suite, Apt. #, etc.                                      | 27   |                      |   | \$8.75 Additional Fee Required   |                |
| City & State<br>23                                   | e<br>   | City & State   | իստադ  |                      | 6. Election Campaign Financing Trust Fund Contribution                                  | fing \$5.00 May Be Added to Fees |                |
| Ζφ<br><b>24</b> ]                                    | Counity Zip Ci 25 29 30                       |  |  | у                    | 8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes |                                  |                |
|  | 9. Name and Address of Cu                     | irrent Registered Agent                                  |  |                      | 10. Name and Address of New Re  | gistered Agent                   |                |
|  | JL, PHILIP                                    |  | 81   | Name                 |   |                                  |                |
| 16880 N.E. 19TH AVENUE<br>NORTH MIAMI BEACH FL 33162 |   |  |  |                      | ress (P.O. Box Number is Not Acceptable)  |                                  |                |
|  |   |  | 83   | '                    | •   |                                  |                |
|  |   |  | 84   | City                 |   | FL 85 Zip                        | Code           |
| 11 Porcuant  | to the provisions of Sections 607             | 0502 and 607 1508 Florida Statu                          | ites the abov  | e-named corr         | poration submits this statement for the p   |                                  | its registered |
| agent La   |   |  | lorida Statute   | s.                   | poration submits this statement for the p<br>tion's board of directors. I hereby accep  |                                  | s registered   |
| 40   | Signature, typed or product name of registers | colagent and title if applicable. (NC<br>SIAND DIRECTORS | OTE: Registered Ac   | pent signature requi | ired when reinstating)  ADDITIONS/CHANGES TO OFFIC                                      | DATE                             | DC IAI 12      |
| 12.  | D   | DELETE   | 1.1 TITLE  |                      | ADDITIONS CHANGES TO OTTIC  | Change                           |                |
| NAME   | PAUL, PHILIP                                  |  | 1,2 NAME   |                      |   |                                  |                |
| STREET ADDRESS                                       | 16880 N.E. 19TH AVENUE                        |  |  | T ADDRESS            |   | ••                               |                |
| CITY-SI-ZIP  | NORTH MIAMI BCH FL                            |  | 1.4 CITY-  | ST-ZIP .             | •   |                                  |                |
| TITLE  |   | DELETE   | 2.1 TITLE  |                      |   | Change                           | Addition       |
| NAME   |   |  | 2.2 NAME   |                      |   |                                  |                |
| STREET ADDRESS                                       |   |  | 23 STREE   | T ADDRESS            |   |                                  |                |
| CITY - ST - ZIP                                      |   | Driet  | 2. 4 CITY  |                      |   | [] Channa                        | Addition       |
| TITLE  |   | ☐ DELETE   | 3 1 TITLE  |                      |   | [_] Change                       | Addition       |
| NAME   |   |  | 3.2 NAME   | T ADDRESS            |   |                                  |                |
| STREET ADDRESS                                       |   |  | 3.3 STREE  |                      |   |                                  |                |
| CITY-ST-ZIP<br>TITLE                                 |   | DELETE   | 4.1 TITLE  | ·····                |   | Change                           | Addition       |
| NAME   |   |  | 4. 2 NAM   | E                    |   |                                  |                |
| STREET ADDRESS                                       |   |  | 4.3 STREE  | ET ADDRESS           |   |                                  |                |
| CITY-ST-ZIP  |   |  | 4.4 DITY   | ST-ZIP               |   |                                  |                |
| THILF  |   | DELETE   | 5.1 TITLE  | <b>I</b>             |   | Change                           | Addition       |
| NAME   |   |  | 5.2 NAME   |                      |   |                                  |                |
| STREET ADDRESS                                       |   |  |  | T ADDRESS            |   |                                  |                |
| CHY-ST-21P   |   | ☐ DELETE   | 5.4 CITY -   |                      |   | ☐ Change                         | Addition       |
| TITLE  |   |  | 6.1 TITLE<br>6.2 NAME                                      |                      |   | ET CHAIRE                        | L_J AUGMON     |
| NAME<br>SIREET ADORESS                               |   |  |  | ET ADDRESS           |   |                                  |                |
| CITY-ST-ZIP  |   |  | 6.4 CITY   | - 1                  |   |                                  |                |
| OUT - 01 - ZIF                                       | J   |  | 0.4 0111   | 61.511               |   |                                  |                |

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 composition 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—17 if plantage, or en an attack monthly with an address.

SIGNATURE: