

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V47711**

(9)

1. Corporation Name

MARY ANNE PHILIPS, P.A.

Principal Place of Business

**600 NE 3RD AVE.
FT. LAUDERDALE FL 33301**

Mailing Address

**600 NE 3RD AVE.
FT. LAUDERDALE FL 33301**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

**PHILIPS, MARY ANNE
600 NE 3RD AVE.
FT. LAUDERDALE FL 33301**

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 607.0605 and 607.1505, 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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature of the person authorized to sign this report on behalf of the corporation

Signature of the person authorized to sign this report on behalf of the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	☐ OFFICER
NAME	P PHILIPS, MARY ANNE P.A.
STREET ADDRESS	600 N.E. 3RD AVE.
CITY-STATE-ZIP	FT. LAUDERDALE FL 33304
TITLE	☐ OFFICER
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ OFFICER
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ OFFICER
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TITLE	☐ OFFICER
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ OFFICER
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change ☐ Addition
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I, the undersigned, certify that the information supplied on this report is true and correct, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and I am authorized to sign this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if I am an officer or director of the corporation.

SIGNATURE:

Mary Anne Philips

Mary Anne Philips

4/01/96 (954) 523-0036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)