

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 AUG -4 AM 10: 08

DOCUMENT # **V48747** (2)

1. Corporation Name
WILLIAM C. PHILLIPPI, P.A.

Principal Place of Business Mailing Address
175 NW 1ST AVE #2000 MIAMI FL 33120-9965 US **1460 NE 18TH ST #102 FT LAUDERDALE FL 33305 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/01/1992** 3a. Date of Last Report **07/20/1994**

2. Principal Place of Business 2a. Mailing Address
21 **201 S. Biscayne Boulevard** 26 **2831 N.E. 9th Court**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 3000** 27
City & State City & State
23 **Miami, Florida** 28 **Pompano Beach, Florida**
Zip Country Zip Country
24 **33131** 25 **U.S.A.** 29 **33062** 30 **U.S.A.**

4. FEI Number **65-0352978** 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
7. This corporation has liability for intangible tax under § 199.022, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**PHILLIPPI, WILLIAM C
1460 NE 18TH ST
APT 102
FT LAUDERDALE FL 33305**

10. Name and Address of New Registered Agent
81 Name **William C. Phillippi**
82 Street Address (P.O. Box Number is Not Acceptable) **2831 N.E. 9th Court**
83
84 City **Pompano Beach** FL 85 Zip Code **33062**

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 **William C. Phillippi** DATE **July 30, 1995**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPTS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPPI, WILLIAM C	1.2 NAME	William C. Phillippi
STREET ADDRESS	1460 NE 18TH ST., APT 102	1.3 STREET ADDRESS	2831 N.E. 9th Court
CITY ST ZIP	FT LAUDERDALE FL	1.4 CITY ST ZIP	Pompano Beach, Florida 33062
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 as an attachment with an address.

SIGNATURE: **William C. Phillippi** DATE **July 30, 1995** **805-373-9428**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Typed Name)