

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **V52936** (4)
1. Corporation Name
PHILLY STATION OF PEMBROKE, INC.



Principal Place of Business: ~~8701 PERIMETER PARK BLVD. SUITE 201 JACKSONVILLE FL 32216 US~~
Mailing Address: ~~8701 PERIMETER PARK BLVD. SUITE 201 JACKSONVILLE FL 32216-8398 US~~

3. Date Incorporated or Qualified: **07/22/1992**
3a. Date of Last Report: **02/08/1996**
4. FEI Number: **59-3137463**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **500 SOUTH 3rd ST.**
2a. Mailing Address: **500 SOUTH 3rd ST.**
21. City & State: **JACKSONVILLE BEACH FL**
22. Zip: **32250**
23. Country: **US**
24. City & State: **JACKSONVILLE BEACH FL**
25. Zip: **32250**
26. Country: **US**

9. Name and Address of Current Registered Agent
DARABI, FARZIN
~~8701 PERIMETER PARK BLVD. SUITE 201 JACKSONVILLE FL 32216~~

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable): **500 SOUTH 3rd STREET**
83.
84. City: **JACKSONVILLE BEACH** FL 85. Zip Code: **32250**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DARABI, FARZIN	
STREET ADDRESS	159 ELEVENTH ST.	
CITY - ST - ZIP	ATLANTIC BCH. FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DARABI, FRANK A.	
STREET ADDRESS	5519 N.W. 91ST BLVD.	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PARTOW, RAMIN	
STREET ADDRESS	335 ELEVENTH ST	
CITY - ST - ZIP	ATLANTIC BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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 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: *[Signature]* **REQUIRED** 2/10/97 904-241-3737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone: 4

CR2E034 (9/96)