

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

**FILED**  
**May 19 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 # 576851 (0)**  
 1. Corporation Name  
**PHILLIPS REAL ESTATE INVESTMENTS, INC.**



Principal Place of Business: **85 ROCKPORT ROAD WESTON MA 02183**  
 Mailing Address: **85 ROCKPORT ROAD WESTON MA 02183-1446**

3. Date Incorporated or Qualified: **06/23/1978**  
 3a. Date of Last Report: **05/01/1996**

Principal Place of Business		2a. Mailing Address		4. FET Number		Applied For	
23		26		04-2660488		Not Applicable	
File, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
27		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
28		28		<input type="checkbox"/>			
Zip		Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		24		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STONE, STEPHEN M. 322 EAST PINE STREET ORLANDO FL 32801				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 607.0502 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD COSTA PHILLIPS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	85 ROCKPORT ROAD	1.2 NAME	
STREET ADDRESS	WESTON MA	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DV VLASSIS PHILLIPS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	31 BRIGHT ROAD	2.2 NAME	
STREET ADDRESS	BROOKLINE MA	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DS FIFI PHILLIPS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	85 ROCKPORT ROAD	3.2 NAME	
STREET ADDRESS	WESTON MA	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 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 an attachment with an address.

SIGNATURE: *Sandra B. Mortham* 5/19/97 617-2357468

CR2E034 (9/96)