

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

10/2

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILED

97 AUG 12 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # G77952 (1)

1. Corporation Name
PHOENIX ASSOCIATES, INC.

Principal Place of Business PO BOX 80267 ORLANDO FL 32856-7267	Mailing Address PO BOX 80267 ORLANDO FL 32856-0267
--	--

3. Date Incorporated or Qualified 01/06/1984	3a. Date of Last Report 08/14/1996
4. FEI Number 59-2404721	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
--	------------------	---------	-------------	-------------	--	------------------	---------	-------------	-------------

9. Name and Address of Current Registered Agent

**HOBBY, WILLIAM M. III
1327 N. MILLS AVE.
ORLANDO FL 32803-2555**

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
				FL

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	ST	DELETE <input type="checkbox"/>
NAME	HAMPTON, CLARK B.	
STREET ADDRESS	12165 PEPPERDINE PLACE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	DELETE <input type="checkbox"/>
NAME	HAMPTON, PATRICIA G.	
STREET ADDRESS	12165 PEPPERDINE PLACE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	400002271054--1
1.3 STREET ADDRESS	-08/13/97--01036--011
1.4 CITY-ST-ZIP	***165.00 ***165.00
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 on an attachment with an address.

SIGNATURE *Patricia G. Hampton* 8/17/97 (407) 670-7802

CR2E034 (9/96)

PHOENIX PUBLISHING COMPANY

Division of Phoenix Associates, Inc.

(407) 679-7802

202

Post Office Box 560267
Orlando, Florida 32856-0267

August 7, 1997

To Whom It May Concern:

I just received the 1977 Annual Report package. I would have noticed the lack of an Annual Report package but my oldest son had two very serious eye surgeries the first half of this year and I was totally consumed with tending to his needs. I have enclosed some documentation in support of those facts.

I would appreciate your kind understanding in this matter.

Sincerely,

Patricia G. Hampton

Patricia G. Hampton