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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90106 037 ***150.00

DOCUMENT # **L20219**

1. Corporation Name

PHOENIX RESTORATION AND DEVELOPMENT CORPORATION

Principal Place	e of Business	Mailing Address									
811 N GRANDVIEW		811 N GRANDVIEW									
MT DORA FL 32757		MT DORA FL 32757 US				DO NOT WRITE IN THIS SPACE					
US		00					3. Date Incorporated or Qualifed				
							10/02/1989				
2. Principal P	lace of Business	2a. Mail	ing Address		_		4. FEI Number		Applied	d For	
21	. —	26	_				59-2972456			plicable	
Suite, Apt.	#, etc.		e, Apt. #, etc.				5. Certifcate of Status Desired		5 Addi	,] ~
22		27					J. Collingate of Citation Profits	Fee	Requir	ed	
City & State	e	City	& State				6. Election Campaign Financing		00 May	, ,	
23		28					Trust Fund Contribution		ed to Fe	ees	}
Zip	Zip Country		Zip Country				8. This corporation owes the current year Intangible				
24	25	29		30			Personal Property Tax. 10. Name and Address of New Registered	☐ Yes I Agent	الب	-	
	9. Name and Address of Curre	nt Registered	Agent	5	B1	Name	IV. Haille allu Audiess Vi Hem Registelet	. Agont			
R∩∆	RDMAN, CRAIG, C										
1	N GRANDVIEW			8	82	Street Addre	ss (P.O. Box Number is Not Acceptable)				
•	OORA FL 32757				B3		-				1
1717 %	TYTEL I WEITT							_,			
				8	84	City	FI	_ 85 Z	ip Code	e	
11 Pureuant	to the provisions of Sections 607 05	02 and 607.15	i08. Florida Statutes	s, the abo	L	-named corpo	ration submits this statement for the numose of	f changing	its regi	istered	
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida Su	ich change was aut	inorizea i	DV (I	he corporation	n's board of directors. I hereby accept the appo	intment as	registe	ered	
(·	m tamiliar with, and accept the oblig	auoris oi, sect	ION OUT.USUS, FIORC	aa otatut						i	į
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applic	able. (NOTE: F	Registered A	gent	signature required	when reinstating) DATE				6
12.		ND DIRECTO	RS	13.			ADDITIONS/CHANGES TO OFFICERS A				1
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14. I 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, with all other like empowered.

SIGNATURE: L

CRAIG C. BOARDMAN