

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 27 AM 10:30

DOCUMENT # **L52786** (5)

1. Corporation Name  
**PHOENIX MANAGEMENT ASSOCIATES, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business      Mailing Address  
**3191 CORAL WAY  
S104  
MIAMI FL 33145  
US**                                      **3191 CORAL WAY  
S104  
MIAMI FL 33145  
US**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/26/1990**                                      **03/31/1994**

2. Principal Place of Business      2a. Mailing Address  
**21**    **26**

4. FEI Number      Applied For  
**65-0181535**                                       Not Applicable

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**22**    **27**

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

City & State      City & State  
**23**    **28**

6. Election Campaign Financing  
Trust Fund Contribution       **\$5.00 May Be Added to Fees**

Zip      Country      Zip      Country  
**24**           **25**                                      **29**           **30**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**SHERMAN, THOMAS G., ESQUIRE  
218 ALMERIA AVE.  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
**B1** Name  
**B2** Street Address (P.O. Box Number is Not Acceptable)  
**B3**  
**B4** City      **FL**      **B5** 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      Signature (typed or printed name of registered agent and title if applicable)      NOTE: Registered Agent signature required when resigning      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>LOCKE, NELSON, JR</b>
STREET ADDRESS	<b>1205 WALLACE STR</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 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 included 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 of this report, or on an attachment with an address.

SIGNATURE: *Nelson A. Locke*      1-13-95      305 444 8569  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone (Area #)  
**NELSON A. LOCKE, PRESIDENT**