

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

**FILED**  
**Apr 15 1997 8:00am**  
**Secretary of State**



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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**

**DOCUMENT # L52786 (5)**  
 1. Corporation Name  
**PHOENIX MANAGEMENT ASSOCIATES, INC.**



Principal Place of Business	Mailing Address
<b>3191 CORAL WAY S104 MIAMI FL 33145 US</b>	<b>3191 CORAL WAY S104 MIAMI FL 33145-3213 US</b>

3. Date Incorporated or Qualified <b>02/26/1990</b>	3a. Date of Last Report <b>04/29/1996</b>
4. FEI Number <b>65-0181535</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. <b>Same</b>	26. <b>Same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22. <b>Same</b>	27. <b>Same</b>
City & State	City & State
23. <b>Same</b>	28. <b>Same</b>
Zip	Country
24. <b>Same</b>	29. <b>Same</b>
25. <b>Same</b>	30. <b>Same</b>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent								
<b>SHERMAN, THOMAS G., ESQUIRE 218 ALMERIA AVE. CORAL GABLES FL 33134</b>	<table border="1"> <tr> <td>B1. Name</td> <td><b>NO CHANGE</b></td> </tr> <tr> <td>B2. Street Address (P.O. Box Number is Not Acceptable)</td> <td><b>NO CHANGE</b></td> </tr> <tr> <td>B3. City</td> <td><b>FL</b></td> </tr> <tr> <td>B4. Zip Code</td> <td><b>FL</b></td> </tr> </table>	B1. Name	<b>NO CHANGE</b>	B2. Street Address (P.O. Box Number is Not Acceptable)	<b>NO CHANGE</b>	B3. City	<b>FL</b>	B4. Zip Code	<b>FL</b>
B1. Name	<b>NO CHANGE</b>								
B2. Street Address (P.O. Box Number is Not Acceptable)	<b>NO CHANGE</b>								
B3. City	<b>FL</b>								
B4. Zip Code	<b>FL</b>								

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: **NO CHANGE**  
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOCKE, NELSON, JR</b>	1.2 NAME	
STREET ADDRESS	<b>15921 SW 14 ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	1.4 CITY-ST-ZIP	<b>PEMBROKE PINES FL 33027</b>
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		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 on an attachment with an address.

SIGNATURE: **William A. Locke** **305-444-8563**  
**1-7-97**

CR2E034 (9/96)