

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 1. Corporation Name
M 17366
PHOENIX AMERICAN MANAGEMENT COMPANY, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	6303 BLUE LAGOON DR.	26	6303 BLUE LAGOON DR.	06/27/1985	05/09/96
22	Suite, Apt. #, etc. 225	27	Suite, Apt. #, etc. 225	4. FEI Number	Applied For / Not Applicable
23	City & State MIAMI, FL	28	City & State MIAMI, FL	59-2558197	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	Zip 33126	29	Zip 33126	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25	Country USA	30	Country USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
HURTUBISE, MELVIN J.				81	Name			
				82	Street Address (P.O. Box Number is Not Acceptable)			
				6303 BLUE LAGOON DR. SUITE 225				
				83				
				84	City	MIAMI	85	Zip Code
						FL		33126

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 Melvin J. Hurtubise MELVIN J. HURTUBISE, TREASURER 6/4/96
Signature typed or printed name of registered agent in this case is: (FEE: Registered Agent Signature required at re-registration) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURTUBISE, MELVIN J.	1.2 NAME	
STREET ADDRESS	9795 N.W. 52 ST. #516	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33178	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, R. STEVEN	2.2 NAME	
STREET ADDRESS	5740 SW 13TH TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33156	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	800001869388
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-06/20/96-01040--016
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Melvin J. Hurtubise 4/30/96 (305) 266-5665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)