

TELETYPE METER MAY 1 IS \$275.00

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
Sandra B. Moore
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:54

DOCUMENT # P35827 (5)
Corporation Name
PHOENIX PHOSPHORS, INC.

Principal Place of Business: 10705 ALLOWAY DRIVE POTOMAC MD 20854
Mailing Address: 10705 ALLOWAY DRIVE POTOMAC MD 20854

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/08/1991		3a. Date of Last Report 04/21/1994	
2. Principal Place of Business 21 2377 State Rd. 37 South Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 1439 Suite, Apt. #, etc.	
22 City & State 23 Mulberry FL		27 City & State 28 Mulberry FL	
24 Zip 33860		29 Zip 33860	
25 County		30 County	
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(3)(2), Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BERRY, W. WES 2377 STATE ROAD 37 SOUTH MULBERRY FL 33860		10. Name and Address of New Registered Agent 81 Name Thomas P. Nadolski 82 Street Address (P.O. Box Number is Not Acceptable) 1069 Norman Trace Rd. 83 84 City Tampa FL 85 33602	
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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: *W. Wes Berry* DATE: 04/22/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	CP WEHRUNG, JOHN M. 10705 ALLOWAY DRIVE POTOMAC MD	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP	19301 U.S. Highway 27 Clermont, FL. 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	DV BERRY, W. WES 2377 STATE ROAD 37 SOUTH MULBERRY FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP	216 Crescent Lake Ct PO Box 6636 33813 Lake Land, FL 33807 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	DTV NADOLSKI, THOMAS P. P.O. 20 N/A TRACY'S LANDING MD	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP	1069 Norman Trace Rd. Tampa, FL 33602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S CHAIFETZ, RICHARD I. 3 FULHAM CT SILVER SPRING MD	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REMITTED BY MAY 1

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)(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 agent 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 in an attachment with an address.

SIGNATURE: *John M. Wehrung* DATE: 4/23/95 (813) 225-1430
BIG NAME AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR