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**Feb 11 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P92000003959 (3)

1. Corporation Name
PHOENIX ARCHITECTS AND PLANNERS, INC.



Principal Place of Business
**1499 WEST PALMETTO PARK ROAD
SUITE 214
BOCA RATON FL 33486**

Mailing Address
**1499 WEST PALMETTO PARK ROAD
SUITE 214
BOCA RATON FL 33486-3322**

3. Date Incorporated or Qualified 11/12/1992	3a. Date of Last Report 04/20/1996
4. FEI Number 65-0368323	Applied For Not Applicable
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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**LEWIS, RONALD ESQ
5301 NORTH FEDERAL HIGHWAY
SUITE 150
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81 Name	MELANIE LEVERT c/o Phoenix Arch.
82 Street Address (P.O. Box Number is Not Acceptable)	1499 W. Palmetto Park Rd #214
83	
84 City	BOCA RATON FL
85 Zip Code	33486

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]* **MELANIE LEVERT, President** DATE: **2/5/97**

Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LEVERT, MELANIE	
STREET ADDRESS	3884 "A" RD	
CITY - ST - ZIP	LOXAHATCHEE FL 33470	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	PEABODY, GEORGE H. JR.	
STREET ADDRESS	1410 NE 23RD CT.	
CITY - ST - ZIP	POMPANO BEACH FL 33064	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LOVEALL, HAROLD L	
STREET ADDRESS	2900 NE 14TH STREET CAUSEWAY APT 715	
CITY - ST - ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3200 Port Royale Drive Apt. 1503
3.4 CITY - ST - ZIP	FORT LAUDERDALE, FL 33308
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 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: *[Signature]* DATE: **2/5/97** DAYTIME PHONE: **(561) 393-7144**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)