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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600001729

1. Corporation Name

PHOENIX ANT GHO	JUP, INC.		
Principal Place of Business 12445 62ND STREET N #303 LARGO FL 33773		Mailing Address	
		12445 62ND STREET N LARGO FL 33773	#303
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		. City & State	
23		28	
Zip	Country	Zip	Country

## **FILED** Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90229 046 \*\*\*150.00



12445 62ND STREET N #303		<b>#30</b> 3			Diagram Diagra	O NOT WRITE	IN THIS S	PAC <u>E</u>			
	3					01/02/1996					
2. Principal Pl	lace of Business	2a. Mailing Address			4	4. FEI Number			Ap	plied For	
21		26				59-33558 <u>46</u>				t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Statu	s Desired		\$8,75 A	I	
22		27 City & State				Clastica Compaign			\$5.00		
City & State	ee .	28			) '	<ol><li>Election Campaign Trust Fund Contril</li></ol>			Added t		
Zip	Country	Zip				This corporation owes the current year Intangible					
24	25	29	30			Personal Property Tax. Yes No					
	9. Name and Address of Curren	t Registered Agent				0. Name and Addre	ss of New Re	gistered A	gent		
ALIQ	BORN, ROBERT			81 Na	me					ľ	
	IS 62ND STREET N #303			82 Stre	eet Address	(P.O. Box Number is	Not Acceptable	e)			
	GO FL 34643			83			· · · · · · · · · · · · · · · · · · ·				
<b></b>	40,010,										
	• '			84 City	у			FL	85 Zip 0	Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	tutes, the a	bove-nam	ned corporati	ion submits this state	ment for the pu	rpose of ch	nanging its	registered	
office or n	registered agent, or both, in the State and familiar with, and accept the obligations.	of Florida. Such change was	s autnorized	j by the c	corporation's	board of directors. It	nereby accept	the appoint	ment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered ager	t and title if anoticable /NC	OTF: Registered	Agent signal	sture required whe	n minstating)		DATE			
12.	OFFICERS AN		13.			ADDITIONS/CHAN	GES TO OFFI	CERS AND	DIRECTO	RS IN 12	
						ADDITION OF WA	OLO 10 0	Q=: \ <del>-</del> :			
TITLE	PSTD	☐ DELETE	1.1 TI	TLE		ADDITIONO/OFFICE	020 10 0.11		Change	Addition	
						ADDITIONO/OFFICE	020 10.0111				
TITLE	PSTD AUSBORN, ROBERT 12445 62ND STREET N #303		1,1 ∏ 12 N		RESS	ADBITIONG/OFFICE	000 10 0111				
TITLE NAME	PSTD AUSBORN, ROBERT	☐ DELETE	1.1 ប 1.2 Ni 1.3 ST	AME	RESS	ADDITIONO/G.W.			Change	Addition	
TITLE NAME STREET ADDRESS	PSTD AUSBORN, ROBERT 12445 62ND STREET N #303		1.1 ប 1.2 Ni 1.3 ST	AME TREET ADDRI TY-ST-ZIP	RESS	ADDITIONOGEN					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD AUSBORN, ROBERT 12445 62ND STREET N #303	☐ DELETE	1.1 TT 12 No 1.3 ST 1.4 CT 2.1 TT 2.2 No	AME TREET ADDRI TY-ST-ZIP TLE AME					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD AUSBORN, ROBERT 12445 62ND STREET N #303 LARGO FL 33773	☐ DELETE	1.1 TT 1.2 N 1.3 S 1.4 CI 2.1 TT 2.2 N 2.3 S1	AME TREET ADDRI ITY-ST-ZIP TLE AME TREET ADDRI		,			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD AUSBORN, ROBERT 12445 62ND STREET N #303 LARGO FL 33773	□ DELETE	1.1 TI 12 N 1.3 S1 1.4 CI 2.1 TI 2.2 N 2.3 S1	AME TREET ADDRI TTY-ST-ZIP TLE AME TREET ADDRI		7,5511010001111			☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD AUSBORN, ROBERT 12445 62ND STREET N #303 LARGO FL 33773	☐ DELETE	1.1 TT 12 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.5	AME TREET ADDRI TY-ST-ZIP TLE AME TREET ADDRI TTY-ST-ZIP TLE			· ·		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD AUSBORN, ROBERT 12445 62ND STREET N #303 LARGO FL 33773	□ DELETE	1.1 TT 12 NV 1.3 ST 1.4 CG 2.1 TT 22 NV 2.3 ST 2.4 CG 3.1 TT 3.2 NV	AME TREET ADDRI TY-ST-ZIP TLE AME TREET ADDRI TTLE TTLE TTLE AME AME AME AME AME AME AME AME	RESS	7			☐ Change	Addition Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD AUSBORN, ROBERT 12445 62ND STREET N #303 LARGO FL 33773	☐ DELETE ☐ DELETE ☐ DELETE	1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 TT 4.2 N/ 4.3 ST 4.4 CI	AME TREET ADDRI TLE AME TREET ADDRI TLY- ST- ZIP TLE AME TREET ADDRI TLY- ST- ZIP TLE TREET ADDRI TLE TREET ADDRI TLE TREET ADDRI TLE TREET ADDRI TREE	RESS				☐ Change ☐ Change ☐ Change	Addition Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSTD AUSBORN, ROBERT 12445 62ND STREET N #303 LARGO FL 33773	☐ DELETE ☐ DELETE ☐ DELETE	1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.4 CC 4.1 TT 4.2 NV 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.	AME TREET ADDRI TLE AME TREET ADDRI TLY- ST- ZIP TLE AME TREET ADDRI TLY- ST- ZIP TLE TREET ADDRI TLE TREET ADDRI TLE TREET ADDRI TLE TREET ADDRI TREE	RESS				☐ Change ☐ Change ☐ Change	Addition Addition Addition	
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CITY-ST-ZIP . . 14. I 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 suppliemental 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 of the eceiver or to stee 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 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNING OFFICER OR DIRECTOR