


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

FILED

May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000090126 (8)

1. Corporation Name

PHOENIX COMMUNICATIONS, INC.

Principal Place of Business

17810 "C" WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH FL 33180

Mailing Address

17810 "C" WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH FL 33180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/20/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0791497	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
33160		33160		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country			
24		29		30	

8. Name and Address of Current Registered Agent

BRACKFIELD, SHEREEN  
17810 "C" WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH FL 33180  
33160

10. Name and Address of New Registered Agent

81 Name	LAURIE A. PETRICK
82 Street Address (P.O. Box Number is Not Acceptable)	17810 "C" West Dixie Highway
83	
84 City	North Miami Beach FL
85 Zip Code	33160

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 Laurie A. Petrick Laurie A. Petrick 04/ /98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, PAUL	1.2 NAME	
STREET ADDRESS	17810 "C" WEST DIXIE HIGHWAY	1.3 STREET ADDRESS	(Change in zip code only)
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	1.4 CITY-ST-ZIP	North Miami Beach, FL 33160
TITLE	VS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRACKFIELD, SHEREEN	2.2 NAME	
STREET ADDRESS	17810 "C" WEST DIXIE HIGHWAY	2.3 STREET ADDRESS	(Change in zip code only)
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	2.4 CITY-ST-ZIP	North Miami Beach, FL 33160
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	LAURIE A. PETRICK
STREET ADDRESS		3.3 STREET ADDRESS	17810 "C" West Dixie Highway
CITY-ST-ZIP		3.4 CITY-ST-ZIP	North Miami Beach, FL 33160
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: Laurie A. Petrick 4-24-98 (305) 933-5900

CP2E034 (10/97)