

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

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Jul 01, 1999 8:00 am
Secretary of State

07-01-1999 90010 016 ***550.00

NON-PROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000090126**

1. Corporation Name
PHOENIX COMMUNICATIONS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**17810 "C" WEST DIXIE HIGHWAY
 NORTH MIAMI BEACH FL 33160
 US**

Mailing Address
**17810 "C" WEST DIXIE HIGHWAY
 NORTH MIAMI BEACH FL 33160
 US**

3. Date Incorporated or Qualified
10/20/1997

2. Principal Place of Business
21 21000 NE 28th Ave.

2a. Mailing Address
26 21000 NE 28th Ave

4. FEI Number
65-0791497

Applied For
 Not Applicable

Suite, Apt. #, etc.
22 214

27 #214

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
23 Aventura FL

28 Aventura FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country
24 33180 25 USA

29 33180 30 USA

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PETRICK, LAURIE A
 17810 C WEST DIXIE HWY
 NORTH MIAMI BEACH FL 33160**

81 Name **Same**

82 Street Address (P.O. Box Number is Not Acceptable)
21000 NE 28th Ave, #214

83

84 City **Aventura** **FL** 85 Zip Code **33180**

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

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P MORGAN, PAUL
STREET ADDRESS	17810 "C" WEST DIXIE HIGHWAY
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160
TITLE	<input type="checkbox"/> DELETE
NAME	VS .PETRICK, LAURIE A.
STREET ADDRESS	17810 C WEST DIXIE HWY
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Morgan, Paul
1.3 STREET ADDRESS	21000 NE 28th Ave, #214
1.4 CITY-ST-ZIP	Aventura, FL 33180
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Petrick, Laurie A.
2.3 STREET ADDRESS	21000 NE 28th Ave, #214
2.4 CITY-ST-ZIP	Aventura, FL 33180
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: **[Signature]** **6-30-99** **3059335900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)