


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

FILED
Mar 17 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 # V22377 (8)
 1. Corporation Name
PHOENIX ASSOCIATES OF SOUTH FLORIDA, INC.



Principal Place of Business	Mailing Address
4100 CORPORATE SQUARE 125 NAPLES FL 34104 US	4100 CORPORATE SQUARE 125 NAPLES FL 33942 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1786 TRADE CENTER WAY Suite, Apt. #, etc. 22 # 2 City & State 23 NAPLES, FL Zip 24 34109	25 1786 TRADE CENTER WAY Suite, Apt. #, etc. 26 # 2 City & State 27 NAPLES, FL Zip 28 34109
Country 25 US	Country 30 US

3. Date Incorporated or Qualified	Applied For
03/19/1992	Not Applicable
4. FEI Number	5. Certificate of Status Desired
65-0319840	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
<input type="checkbox"/> \$5.00 May Be Added to Fees	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

KEVIN MCVICKER
 1786 TRADE CENTER WAY
 UNIT # 2
 NAPLES FL 34109

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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		DELETED
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOSHER, STAN	
STREET ADDRESS	4100 CORPORATE SQUARE, SUITE 125	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOWELL, BRIAN	
STREET ADDRESS	4100 CORPORATE SQUARE, SUITE 125	
CITY-ST-ZIP	NAPLES FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MCVICKER, KEVIN	
STREET ADDRESS	4100 CORPORATE SQUARE, SUITE 125	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHNS, RANDY	
STREET ADDRESS	4100 CORPORATE SQUARE, SUITE 125	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	MOSHER, STAN		
1.3 STREET ADDRESS	1786 TRADE CENTER WAY #2		
1.4 CITY-ST-ZIP	NAPLES, FL 34109		
2.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	HOWELL, BRIAN		
2.3 STREET ADDRESS	1786 TRADE CENTER WAY #2		
2.4 CITY-ST-ZIP	NAPLES, FL 34109		
3.1 TITLE	STD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	MCVICKER, KEVIN		
3.3 STREET ADDRESS	1786 TRADE CENTER WAY #2		
3.4 CITY-ST-ZIP	NAPLES, FL 34109		
4.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	JOHNS, RANDY		
4.3 STREET ADDRESS	1786 TRADE CENTER WAY #2		
4.4 CITY-ST-ZIP	NAPLES, FL 34109		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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.

CR2E034 (10/97)