

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Sep 16 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 547443 (2)**

1. Corporation Name  
**PHONIES, INC.**



Principal Place of Business <b>4275 34 ST SOUTH          P O BOX 330          ST PETERSBURG FL 33711</b>	Mailing Address <b>4275 34 ST SOUTH          P O BOX 330          ST PETERSBURG FL 33711</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 1000 Friendly Ways</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 1000 FRIENDLY WAYS</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>09/15/1977</b>	3a. Date of Last Report <b>07/30/1996</b>
22 <b>St Petersburg FL</b>		27 <b>St Petersburg, FLA</b>		4. FEI Number <b>59-1773874</b>	Applied For <input type="checkbox"/> Not Applicable
23 <b>33705</b>		25 <b>Pinellas</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>33705</b>		29 <b>Pinellas</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

**SEGAL, MARTIN E., P.A.  
 1 BISCAYNE TOWER, STE 2500  
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURKLEY, LLOYD</b>	1.2 NAME	
STREET ADDRESS	<b>4275 34 ST SOUTH</b>	1.3 STREET ADDRESS	<b>1000 Friendly Ways</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	1.4 CITY-ST-ZIP	<b>ST. Petersburg FL 33705</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEGAL, MARTIN</b>	2.2 NAME	
STREET ADDRESS	<b>2899 COLLINS AVE, PH-K</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUMPHREYS, ANDERSON</b>	3.2 NAME	
STREET ADDRESS	<b>4724 BARFIELD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MEMPHIS TN</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURKLEY, JUDY</b>	4.2 NAME	
STREET ADDRESS	<b>4275 34 ST</b>	4.3 STREET ADDRESS	<b>1000 Friendly Ways</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	4.4 CITY-ST-ZIP	<b>ST Petersburg FL 33705</b>
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 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.

*[Handwritten signature and date]*

CR2E034 (4/97)