

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 9:04

DOCUMENT # 572857 (1)

1. Corporation Name

PHOENIX LIMITED, INC.

Principal Place of Business

% SIDNEY GURSEY
6636 NW 57 ST #214
TAMARAC FL 33319

Mailing Address

% SIDNEY GURSEY
6636 NW 57 ST #214
TAMARAC FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1978

3a. Date of Last Report

04/18/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1921727

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GURSEY, SIDNEY
6636 NW 57 ST.
TAMARAC FL 33319

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 607.0602 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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

(Signature required in printed name of registered agent and the filer of application)

(Signature required in printed name of registered agent and the filer of application)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	P
12.2 NAME	GOLDSTEIN, ESTHER
12.3 STREET ADDRESS	3825 BERESFORD RD E
12.4 CITY, ST, ZIP	WEST PALM BEACH FL
12.5 TITLE	
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY, ST, ZIP	
12.9 TITLE	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 TITLE	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST, ZIP	
12.17 TITLE	
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY, ST, ZIP	

13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(4)(b), 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. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with or without address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature/Printed Name)