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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current 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 607.0502 and 607.1506, 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 617.0505, Florida Statutes.

SIGNATURE

Signature of the person filing this report or the person authorized to file this report.

Printed Name of the person filing this report or the person authorized to file this report.

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
GOLDSTEIN, ESTHER
3825 BERESFORD RD E
WEST PALM BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE
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CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 the additions/changes to an address.

SIGNATURE:

Esther Goldstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

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