

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90199 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 572857

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

4. FEI Number

59-1921727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 **IRWIN KRUM**

Suite, Apt. #, etc.

22 **FL**

City & State

23 **7737 N.W. 79TH AVE**

Zip

24 **33321**

Country

25 **BROWARD**

City & State

26 **FL**

City & State

27 **TAMARAC**

City & State

28 **FL**

City & State

29 **33321**

City & State

30 **FL**

City & State

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43 **33321**

City & State

44 **FL**

City & State

45 **33321**

City & State

46 **FL**

City & State

47 **33321**

City & State

48 **FL**

City & State

49 **33321**

City & State

9. Name and Address of Current Registered Agent

GURSEY, SIDNEY
 6636 NW 57 ST.
 TAMARAC FL 33319

10. Name and Address of New Registered Agent

81 Name **IRWIN KRUM**
 82 Street Address (P.O. Box Number is Not Acceptable)
7737 N.W. 79TH AVE
 83 **TAMARAC**
 84 City **FL**
 85 Zip Code **33321**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/99

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, AL	
STREET ADDRESS	7916 DORCHESTER ROAD	
CITY-ST-ZIP	BOYNTON BEACH FL	
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		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 and empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)