

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000006588 (7)**

1. Corporation Name

PHOENIX REALTY INVESTORS, INC.



Principal Place of Business

**ONE AMERICAN ROW
HARTFORD CT 06115**

Mailing Address

**ONE AMERICAN ROW
HARTFORD CT 06115**

3. Date Incorporated or Qualified
12/23/1994

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21 **38 PROSPECT STREET**

26 **38 PROSPECT STREET**

4. FEI Number

06-1412294

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **1ST FLOOR**

27 **1ST FLOOR**

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23 **HARTFORD CT**

28 **HARTFORD CT**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 **06115**

25 **USA**

29 **06115**

30 **USA**

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and filer of application

(If filer is Registered Agent, signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **D FIONDELLA, ROBERT W**
STREET ADDRESS **ONE AMERICAN ROW**
CITY-ST-ZIP **HARTFORD CT 06115**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **D MCLOUGHLIN, PHILIP R**
STREET ADDRESS **ONE AMERICAN ROW**
CITY-ST-ZIP **HARTFORD CT 06115**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **PCEO NOBLE, SCOTT C**
STREET ADDRESS **ONE AMERICAN ROW**
CITY-ST-ZIP **HARTFORD CT 06115**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **V BLOMQUIST, STEVEN R**
STREET ADDRESS **ONE AMERICAN ROW**
CITY-ST-ZIP **HARTFORD CT 06115**

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **V CARTER, JAMES S**
STREET ADDRESS **ONE AMERICAN ROW**
CITY-ST-ZIP **HARTFORD CT 06115**

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **V RUBIN, BARBARA**
STREET ADDRESS **ONE AMERICAN ROW**
CITY-ST-ZIP **HARTFORD CT 06115**

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (12/95)