

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90112 025 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000006588

1. Corporation Name
PHOENIX REALTY INVESTORS, INC.

Principal Place of Business ONE AMERICAN ROW 1ST FLOOR HARTFORD CT 06115 US	Mailing Address 38 PROSPECT ST. 1ST FLOOR HARTFORD CT 06115 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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3. Date Incorporated or Qualified 12/23/1994	
4. FEI Number 06-1412294	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324
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10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

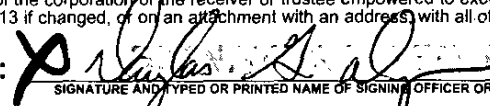
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	FIONDELLA, ROBERT W
STREET ADDRESS	ONE AMERICAN ROW
CITY-ST-ZIP	HARTFORD CT 06115
TITLE	D <input type="checkbox"/> DELETE
NAME	M'CLOUGHLIN, PHILIP R
STREET ADDRESS	ONE AMERICAN ROW
CITY-ST-ZIP	HARTFORD CT 06115
TITLE	PCED <input checked="" type="checkbox"/> DELETE
NAME	NOBLE, SCOTT C
STREET ADDRESS	38 PROSPECT STREET
CITY-ST-ZIP	HARTFORD CT 06115
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	BLOMQUIST, STEVEN R
STREET ADDRESS	38 PROSPECT STREET
CITY-ST-ZIP	HARTFORD CT 06115
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	CARTER, JAMES S
STREET ADDRESS	38 PROSPECT STREET
CITY-ST-ZIP	HARTFORD CT 06115
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	RUBIN, BARBARA
STREET ADDRESS	38 PROSPECT STREET
CITY-ST-ZIP	HARTFORD CT 06115

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	CEO / President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	James S. Carter
3.3 STREET ADDRESS	38 Prospect St
3.4 CITY-ST-ZIP	Hartford, CT 06115-0479
4.1 TITLE	Senior VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	James G. Martha
4.3 STREET ADDRESS	38 Prospect St
4.4 CITY-ST-ZIP	Hartford, CT 06115-0479
5.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Stephen K. Bowman
5.3 STREET ADDRESS	38 Prospect St
5.4 CITY-ST-ZIP	Hartford, CT 06115-0479
6.1 TITLE	Vice President / Asst Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Douglas G. Denyer
6.3 STREET ADDRESS	38 Prospect St
6.4 CITY-ST-ZIP	Hartford, CT 06115-0479

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 empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-99 860-403-7132
Date Daytime Phone #

CR2E034 (11/98)