SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000002123

PHOENIX GROUP SERVICES, INC.

Principal Place of Business 100 BRIGHT MEADOW BLVD.

ENFIELD CT 06082-1900

Mailing Address

100 BRIGHT MEADOW BLVD. ENFIELD CT 06082-1900

DO NOT WRITE IN THIS SPACE

FILED

Jul 21, 1999 8:00 am Secretary of State

07-21-1999 90004 034 ***550.00

						3. Date Incorporated or Qualified					l	
						04/22/1997]	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For			
21		26				06-1435452			Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75_Additional Fee Required						
22 27						6. Election Campaign Financing		\$5	.00	 Иау Ве		
23		28				Trust Fund Contribution Added to Fees						
Zip	Country 25	Zip	⊢ ¬	ntry		8. This corporation owes the current y		Voc	\Box	No	l	
24	29]30]			Intangible Personal Property. Yes No 10. Name and Address of New Registered Agent							
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Kegi	Stered A	your			-+	
C T CORPORATION SYSTEM												
1200 SOUTH PINE ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)								
PLANTATION FL 33324												
r C-		i	83							- i		
					City		FL	85	Zip C	ode		
44 D	to the provisions of continue 607 0502	and 607 1508 Elorida Statut	e the sh	0/9-	named comc	pration submits this statement for the purpo	se of cha	naina	its rec	istered	,	
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 CT CORPORATION SYSTEM Signature, typed or printed name of registered agent and title Opplicable. (NOTE: Registered Agent signature required when reinstating) DATE												
Signature, typed or printed name of registered agent and the Uppprication. (NOTE: No.					Ont signature res	ADDITIONS/CHANGES TO OFFICE	RS AND	DIRE	CTO	RS IN	12 5	
TITLE	<u> </u>	DELETE 1.1 TI							Change Addition			
NAME	SCHOCH, SUZANNE M		1.2 NA	ME	Į		_					
STREET ADDRESS	400 PRIORIT ANTADOMY PRIVID			1.3 STREET ADDRESS								
· -	ENFIELD CT 06083-1900			1.4 CITY-ST-ZIP								
CITY-ST-ZIP TITLE	DC	DELETE	2.1 TiT		<u> </u>			T _{Cha}	ange [T Ad	dition	
	GIANGIULIO, RANDALL	☐ DELETE	2.2 NA									
NAME	AND PRIORIE MEADOW PLAN		T T	2.3 STREET ADDRÉSS)	
STREET ADDRESS				2.4 CITY-ST-ZIP							}	
CITY-ST-ZIP	DP	DELETE	3.1 TIT					Chs	ange	Ac	dition	
1		☐ DELETE	3.2 NA				۲.	هب ر_	nigo [
NAME	PETITE, MARY C IS 100 BRIGHT MEADOW BLVD.				ADDRESS						1	
STREET ADDRESS	ENFIELD CT 06083-1900			TY-ST-								
CITY-ST-ZIP					<u> </u>		- Г	Cha	ange	Ar	dition	
	SEARFOSS, DAVID W	DELETE 4.1 TI					L	0.10	₆ ~ 1	···		
NAME	ONE AMERICAN ROW		1		ADDRESS						Ì	
STREET ADDRESS					1							
CITY-ST-ZIP				TY-ST-	ZIP			7 ch	ange	T 40	dition	
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NAME	ENGBERG, NANCY J				*DODESC						}	
STREET ADDRESS	ONE AMERICAN NOV			3 STREET ADDRESS								
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NAME :	CUMMINGS, RAYMOND E		6.2 NA								- }	
STREET ADDRESS	SUCCES OF LANCING HOLDS			STREET ADDRESS								
CITY-ST-ZIP	HARTFORD CT 06102-5056				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.

SIGNATURE: _