

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

FILED  
Jan 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # G07212 (5)

1. Corporation Name  
PHOENIX INSURANCE AGENCY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2168 W OAKLAND PK BLVD FT LAUDERDALE FL 33311		Mailing Address 2168 W OAKLAND PK BLVD FT LAUDERDALE FL 33311	
2. Principal Place of Business 21 4034 NW 9TH AVE Suite, Apt. #, etc. 22 City & State 23 OAKLAND PARK, FL Zip 24 33309 Country 25 USA		2a. Mailing Address 26 4034 NW 9TH AVE Suite, Apt. #, etc. 27 City & State 28 OAKLAND PARK, FL Zip 29 33309 Country 30	
3. Date Incorporated or Qualified 11/01/1982		4. FEI Number 59-2224439	
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	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4034 NW 9TH AVE 83 84 City OAKLAND PARK FL 85 Zip Code 33309	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, EDWARD	1.2 NAME	
STREET ADDRESS	2168 W OAKLAND PK BLVD	1.3 STREET ADDRESS	4034 NW 9TH AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	1.4 CITY-ST-ZIP	OAKLAND PARK, FL 33309
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, EDWARD	2.2 NAME	
STREET ADDRESS	2168 W. OAKLAND PARK BLVD.	2.3 STREET ADDRESS	4034 NW 9TH AVE
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	OAKLAND PARK, FL 33309
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE \_\_\_\_\_ 1-21 9K 95V 59-2224439

CR2E034 (10/97)