

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90157 024 ***150.00

DOCUMENT # H67764

1. Corporation Name
PHOENIX INTERNATIONAL INDUSTRIES INC.

Principal Place of Business
501 S. DIXIE HWY
W. PALM BEACH FL 33410
US

Mailing Address
501 S. DIXIE HWY
W. PALM BEACH FL 33410
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/22/1985

4. FEI Number
59-2564162

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

2a. Mailing Address

21 1750 Osceola Drive
Suite, Apt. #, etc.

26 1750 Osceola Drive
Suite, Apt. #, etc.

22 City & State
23 W. Palm Beach, FL

27 City & State
28 W. Palm Beach, FL

24 Zip 33409 25 Country USA

29 Zip 33409 30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRAFT, THOMAS J JR ESQ.
1100 PROSPERITY FARMS RD
SUITE 301
PALM BEACH GARDENS FL 33410

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME HARYMEN, GERARD
STREET ADDRESS 501 S. DIXIE HWY
CITY-ST-ZIP W. PALM BEACH FL 33410

1.1 TITLE VP
1.2 NAME Thomas Donaldson
1.3 STREET ADDRESS 1750 OSCEOLA DRIVE
1.4 CITY-ST-ZIP West Palm Beach, FL 33409

TITLE D
NAME BIRNHOLTZ, HARVEY
STREET ADDRESS 301 DUNWOODY LN
CITY-ST-ZIP HOLLYWOOD FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME SCHUSTER, SCOTT A
STREET ADDRESS 6204 GERMANTOWN DR
CITY-ST-ZIP FLOUERY BRANCH GA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME PALMER, TIMOTHY
STREET ADDRESS 10204 GLENMOOR
CITY-ST-ZIP WEST PALM BCH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

4-21-99 561-688-0440

CR2E034 (1/98)

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