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Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J22539

(7)

1. Corporation Name

PHOENIX CAPITAL GROUP, INC.

Principal Place of Business

2601 SOUTH BAYSHORE DRIVE  
19TH FLOOR  
MIAMI FL 33133  
US

Mailing Address

2601 S BAYSHORE DR  
19TH FLOOR  
MIAMI FL 33133-5419  
US

3. Date Incorporated or Qualified  
07/01/1986

3a. Date of Last Report  
03/04/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number  
59-2691707

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COBER CORPORATE AGENTS INC  
2601 SOUTH BAYSHORE  
19TH FLOOR  
MIAMI FL 33133

10. Name and Address of New Registered Agent

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 appropriate.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BERNSTEIN, RICHARD N.  
STREET ADDRESS 2601 SO BAYSHORE DR 19 FLOOR  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE VPD  
NAME COHEN, JEFFREY MICHAEL  
STREET ADDRESS 2601 SO BAYSHORE DR 19 FLOOR  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE VPD  
NAME BRODIE, STEVEN J.  
STREET ADDRESS 2601 SO BAYSHORE DR 19 FLOOR  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE SD  
NAME KONDELL, KAREN P.  
STREET ADDRESS 2601 SO BAYSHORE DR 19 FLOOR  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE TD  
NAME BERKE, MICHAEL A.  
STREET ADDRESS 2601 SO BAYSHORE DR 19 FLOOR  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE AS  
NAME COHEN, BETSY Z.  
STREET ADDRESS 2601 SO BAYSHORE DR 19 FLOOR  
CITY-ST-ZIP MIAMI FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

4/11/97

(305) 854-5900

Date

Daytime Phone #

CR2E034 (9/96)