


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

FILED

Feb 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J22539

(7)

1. Corporation Name  
PHOENIX CAPITAL GROUP, INC.



DO NOT WRITE IN THIS SPACE

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 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/01/1986	4. FEI Number 59-2691707	Applied For 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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent COBER CORPORATE AGENTS INC 2601 SOUTH BAYSHORE 19TH FLOOR MIAMI FL 33133	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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10. Name and Address of New Registered Agent
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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)

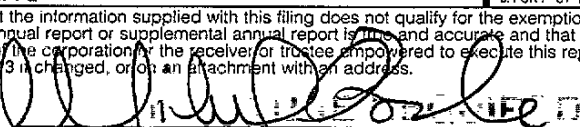
DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	
NAME	BERNSTEIN, RICHARD N.	
STREET ADDRESS	2601 SO BAYSHORE DR 19 FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	
NAME	COHEN, JEFFREY MICHAEL	
STREET ADDRESS	2601 SO BAYSHORE DR 19 FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	
NAME	BRODIE, STEVEN J.	
STREET ADDRESS	2601 SO BAYSHORE DR 19 FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	
NAME	KONDELL, KAREN P.	
STREET ADDRESS	2601 SO BAYSHORE DR 19 FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	
NAME	BERKE, MICHAEL A.	
STREET ADDRESS	2601 SO BAYSHORE DR 19 FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	
NAME	COHEN, BETSY Z.	
STREET ADDRESS	2601 SO BAYSHORE DR 19 FLOOR	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 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.

SIGNATURE:



1/28/98

(305) 854-5900

CR2E034 (10/97)