

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
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90041 047 ***150.00

DOCUMENT # J22539

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1986

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BERNSTEIN, RICHARD N.

STREET ADDRESS 2601 SO BAYSHORE DR 19 FLOOR

CITY-ST-ZIP MIAMI FL

TITLE VPD ☐ DELETE

NAME COHEN, JEFFREY MICHAEL

STREET ADDRESS 2601 SO BAYSHORE DR 19 FLOOR

CITY-ST-ZIP MIAMI FL

TITLE VPD ☐ DELETE

NAME BRODIE, STEVEN J.

STREET ADDRESS 2601 SO BAYSHORE DR 19 FLOOR

CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE

NAME KONDELL, KAREN P.

STREET ADDRESS 2601 SO BAYSHORE DR 19 FLOOR

CITY-ST-ZIP MIAMI FL

TITLE TD ☐ DELETE

NAME BERKE, MICHAEL A.

STREET ADDRESS 2601 SO BAYSHORE DR 19 FLOOR

CITY-ST-ZIP MIAMI FL

TITLE AS ☐ DELETE

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

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD N. BERNSTEIN, PRESIDENT

4/1/99

(305) 854-5900

Date

Daytime Phone #

0199370

CR2E034 (11/98)