FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # J46532 (4)

1. Corporation Name

PHOENIX DEVELOPMENT COMPANY

Principal Place of Business
4557 CLINTON BLVD
6181 WINDLASS CIR.
LAKE WORTH FL 33463
US

Mailing Address
4557 CLINTON AVE
6181 WINDLASS CIR.
LAKE WORTH FL 33463
US

2. Principal Place of Business
21 1220 S. Federal Hwy.
Suite, Apt. #, etc. 22 101
City & State 23 Boynton Beach, Fla.
Zip 24 33435 Country 25 Palm

2a. Mailing Address
26 1220 S. Federal Hwy.
Suite, Apt. #, etc. 27 Suite 101
City & State 28 Boynton Beach, Fla.
Zip 29 33435 Country 30 Palm

3. Date Incorporated or Qualified: 12/09/1986
3a. Date of Last Report: 08/22/1995
4. FEI Number: 59-2751879 ☐ 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

RITA, EUGENE N
6181 WINDLASS CIR.
BOYNTON BEACH FL 33437

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 Eugene N. Rita (Signature, typed or printed name of registered agent and title if applicable) Eugene N. Rita (NOTE: Registered Agent signature required when reinstating) 2-26-96 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	RITA, EUGENE N	
STREET ADDRESS	6181 WINDLASS CIR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VP	☐ DELETE
NAME	WINGO, GUY	
STREET ADDRESS	3404 SAPPHIRE RD	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Eugene N. Rita Eugene N. Rita / President 2-26-96 407-736-7755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #