SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE FILED CORFORATION Sandra B. Mortham Secretary of state ANNUAL REPORT 96 SEP 11 PH 1:53 DIVISION OF CORPORATIONS · 1996 DOCUMENT # (9)SECRETARY OF STATE TALLAHASSEE, FLORIDA PHOENIX INDUSTRIES, INC. Mailing Address Principal Place of Business 26320 SW 131 COURT 26320 SW 131 COURT PRINCETON FL 33032-8941 PRINCETON FL 33032-8941 3a. Date of Last Report 3. Date Incorporated or Qualified 05/11/1987 09/14/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2833469 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 Zip Country This corporation has liability for intangible tax under s. 199.032. Country Zip Yes No Florida Statutes 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GOODMAM, STANLEY E. Street Address (P.O. Box Number Is Not Acceptable) 1955916 82 909 E. 8TH AVE. 09/25/96 - 01026 - 004 HIALEAH FL 33010 83 ****225.00 ****225.00 85 Zip Code 64 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change Addition DELETE 1.1 TITLE PSD TITLE EDGAR, DON W. 12 NAME NAME 26320 SW 131 COURT 1.3 STREET ADDRESS STREET ADDRESS PRINCETON FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE D٧ 2.2 NAME EDGAR, KIM NAME 26320 SW 131 COURT 2.3 STREET ADDRESS STREET ADORESS PRINCETON FL 33032-8941 2 4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TIT) F 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY - ST - ZIP 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FEETA OR DIRECTOR

SIGNATURE:

0146697