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May 01 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 # L15871 (1)
1. Corporation Name
PHENIX DEVELOPMENT CORPORATION OF BROWARD COUNTY
FLORIDA



Principal Place of Business
1700 N. UNIVERSITY DR., #100
CORAL SPRINGS FL 33071
3300 University Dr #408
Coral Springs FL 33065

Mailing Address
1700 N. UNIVERSITY DR., #100
CORAL SPRINGS FL 33071-0089
3300 University Dr. #408
Coral Springs FL 33065

2. Principal Place of Business
21 3300 University Dr.
Suite, Apt. #, etc.
22 Suite 408
City & State
23 Coral Springs FL
Zip
24 33065
Country
25

2a. Mailing Address
26 3300 University Dr.
Suite, Apt. #, etc.
27 Suite 408
City & State
28 Coral Springs FL
Zip
29 33065
Country
30

3. Date Incorporated or Qualified
09/14/1989

3a. Date of Last Report
08/01/1996

4. FEI Number
59-2995702

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
MARGO, NEAL
1700 N. UNIVERSITY DR.
STE. #100
CORAL SPRINGS FL 33071

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	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD MARGO, NEAL	1700 N. UNIVERSITY DR., #100	CORAL SPRINGS FL 33071
		3300 University Dr.	Suite 408
		Coral Springs FL	33065

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
		3300 University Dr. #408	Coral Springs FL 33065

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 applicable, or on an attachment with an address.

CR2E034 (9/96)