

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **NA4 000002306**  
1. Corporation Name

**THE PHOENIX ENTERPRISE GROUP, INC.**

Principal Place of Business Mailing Address  
**The Suncoast Executive Inn, Inc.**  
**3000 34th Street South**  
**St. Petersburg FL 33711**

2. Principal Place of Business <b>21 See above</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>May 2, 1994</b>		3a. Date of Last Report	
Suite, Apt. #, etc. <b>22 Suites H1-J1</b>		Suite, Apt. #, etc. <b>27 same</b>		4. FEI Number <b>59-3237664</b>		Applied For Not Applicable	
City & State <b>23 St. Petersburg FL</b>		City & State <b>28</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip <b>24 33711</b>		Country <b>25 Pinellas</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
Zip <b>24 33711</b>		Country <b>25 Pinellas</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

## 9. Name and Address of Current Registered Agent

**Robert L. Brown, President**  
**6261 19th Street South**  
**St. Petersburg FL 33712**

## 10. Name and Address of New Registered Agent

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL 85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Robert L. Brown* **02/01/96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<b>Merlene Roberts TRUSTEE</b>
NAME	<b>Linda Adams TRUSTEE</b>	1.2 NAME	<b>2725 66th Terrace South</b>
STREET ADDRESS	<b>2820 Luce Drive North</b>	1.3 STREET ADDRESS	<b>St. Petersburg FL 33712</b>
CITY-ST-ZIP	<b>Clearwater FL 34621</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>MR. ROBERT L. BROWN</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ann Preus TRUSTEE</b>	2.2 NAME	<b>PRESIDENT</b>
STREET ADDRESS	<b>758 61st Avenue South</b>	2.3 STREET ADDRESS	<b>THE PHOENIX ENTERPRISE GROUP INC.</b>
CITY-ST-ZIP	<b>St. Petersburg FL 33705</b>	2.4 CITY-ST-ZIP	<b>3000 34TH STREET SOUTH</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>ST. PETERSBURG FL 33711</b>
NAME	<b>Ms. Adeline Washington TRUSTEE</b>	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>3344-C 37th Way South</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>St. Petersburg FL 33711</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Solomon Stephens TRUSTEE</b>	4.2 NAME	
STREET ADDRESS	<b>2601 59th Avenue South</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>St. Petersburg FL 33712</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ms. Annette Bento TRUSTEE</b>	5.2 NAME	
STREET ADDRESS	<b>2511 66th Terrace South</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>St. Petersburg FL 33712</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mr. Charles Payne TRUSTEE</b>	6.2 NAME	<b>400001763054</b>
STREET ADDRESS	<b>420 1/2 15th Avenue South</b>	6.3 STREET ADDRESS	<b>-03/29/96--01086--001</b>
CITY-ST-ZIP	<b>St. Petersburg FL 33711</b>	6.4 CITY-ST-ZIP	<b>***70.00</b>

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.

SIGNATURE: *Robert L. Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

3-29-99