

FILED
Mar 04, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002306

1. Corporation Name

PHOENIX ENTERPRISE GROUP, INC.



Principal Place of Business

2120 9TH STREET SOUTH
ST PETERSBURG FL 33705

Mailing Address

P.O. BOX 14468
ST. PETERSBURG FL 33733-4468

2. Principal Place of Business 21 <u>SAME AS ABOVE</u>	2a. Mailing Address 26	3. Date Incorporated or Qualified <u>05/02/1994</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <u>59-3237664</u>
22	27	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Trust Fund Contribution
24	25	29
26	27	30

9. Name and Address of Current Registered Agent

BROWN, ROBERT L
6261 19TH STREET SOUTH
ST PETERSBURG FL 33712

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and director, if applicable.

(NOTE: Registered Agent signature required when reinstating)

Feb 12, 1999

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TTEE <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, CHARLES	1.2 NAME	Robert L. Brown - President
STREET ADDRESS	420 1/2 15TH AVENUE SOUTH	1.3 STREET ADDRESS	6261 19th Street South
CITY-ST-ZIP	ST. PETERSBURG FL 33711	1.4 CITY-ST-ZIP	St. Petersburg, FL 33712
TITLE	TTEE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, LINDA	2.2 NAME	
STREET ADDRESS	2820 LUCE DRIVE NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	2.4 CITY-ST-ZIP	
TITLE	TTEE <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREUS, ANN	3.2 NAME	
STREET ADDRESS	758 61ST AVENUE SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	3.4 CITY-ST-ZIP	
TITLE	TTEE <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, ADELINE	4.2 NAME	
STREET ADDRESS	3344-C 37TH WAY SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	4.4 CITY-ST-ZIP	
TITLE	TTEE <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, SOLOMON	5.2 NAME	
STREET ADDRESS	2601 59TH AVENUE SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	5.4 CITY-ST-ZIP	
TITLE	TTEE <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTO, ANNETTE	6.2 NAME	
STREET ADDRESS	2511 66TH TERRACE SOUTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	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 617, 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:

NOTICE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Robert L. Brown, President

Feb 12, 1999 (127) 823-9134

CR2E037 (1/98)