MOUNT DUE ON O	OTICE: CORPORATION WILL BE I OR BEFORE 8/7/96: \$61.25 (IF DISSOI	DISSOLVED ON OR AFTER A	(UGUST 7, 1996. To reinstate: \$236.25)		<i>•</i>
NON CORP ANNUA	NPROFIT PORATION AL REPORT	FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	MENT OF STATE Mortham of State		
	996 MENT # N9400	0005793 (4)		-	
1, Corporation i	Name	•	,		
PHOEN	IET OF VERO BEACH, INC	•		 	11 111 11 111 11 111 11 111 1111 11
Principal Place	of Business	Mailing Address			
703 17TH ST VERO BEACH F	FL 32960	703 17TH ST VERO BEACH FL 32960			
				 Date Incorporated or Qualified 11/21/1994 	3a. Date of Last Report 05/01/1995
2. Principal Place	ce of Business	2a. Mailing Address		4. FEI Number 59-3283760	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	***************************************	Certificate of Status Desired	\$8.75 Additional
City & State		City & State	The state of the s	6. Election Campaign Financing	Fee Required \$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for it	Added to Fees ntapolible tax under s. 199.032,
24	9. Name and Address of Current		30		Yes No
		negistered Agent	81 Name	10. Haille and readless of teem tre	
Dudzinski, james e 703 17TH St			82 Street Add	ress (P.O. Box Number is Not Acceptable	e)
	EACH FL 32960		83	4.6414.444	
			B4 City		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 617.0502	and 617.1508, Florida Statutes	s, the above-named corp	oration submits this statement for the pu on's board of directors. I hereby accept	
agent. I am	familiar with, and accept the obligat	tions of Section 617 0503. Flori	ida Statutes		'''
	, ,				
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable (NOTE	: Registered Agent signature requi	red when reinstaling)	DATE SERS AND DIRECTORS IN 12
SIGNATURE	OFFICERS AND	it and title if applicable (NOTE			
SIGNATURE S 12. TITLE NAME	OFFICERS AND P SPANGLER, H EDWARD	it and title if applicable (NOTE) DIRECTORS	Registered Agent signature requirements 13. 1.1 TITLE 1.2 NAME	red when reinstaling)	
SIGNATURE S	OFFICERS AND	it and title if applicable (NOTE) DIRECTORS	Registered Agent signature required 13.	red when reinstaling)	
SIGNATURE SIGNATURE 12. 1ITLE NAME STREET ADDRESS	P SPANGLER, H EDWARD 3295 11TH PL VERO BEACH FL VP	it and title if applicable (NOTE) DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstaling)	CERS AND DIRECTORS IN 12
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: __

11. 8-6-96 Date