FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998

公司 医骨头球 医动物性腹腔 "一直接到,这是一种的人,只是是我们是一个人,我们也是是一种人,也是是这种人,



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000001034 (6)

PHOENIX RIGING INTERNATIONAL INC

17424 CONNECTICUTT RD.

FT. MYERS FL 33912

FILED May 18 1998 8:00am Secretary of State

rnoer	AIV UIOIIA	G II	ALEBRATIONAL	., 1140	٠,						
Principal Place of Business Mailing Address											
826 TRUMAN AVE. KEY WEST FL 33040					926 TRUMAN AVE. KEY WEST FL 33040					3. Date Incorporated or Qualified 03/03/1995 4. FEI Number Applied For	
B. Deli San Direct of D. Ster					Da Maria Adda					NOT APPLICABLE Not Applicable	
2. Principal Place of Business					2a. Mailing Address 26					5. Certificate of Status Desired \$8.75 Additional Fee Required	
Suite, Apt. #, etc.					Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State					City & State					7. Is this nonprofit corporation a homeowners association?	
Zip 24		25	Country	29	Zip Z		Cot	ntry	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No	
9. Name and Address of Current Registe					stered Ag				10. Name and Address of New Registered Agent		
402 APPELROUTH LANE KEY WEST FL 33040								83 84	City	FL 85 Zip Code	
office or r agent. I a	registered ag im familiar (ent,	of Sections 617.050: or both, in the State of accept the obliga- led name of registered age	of Flor ations	rida. Such of, Section All	change was a 617.0503, Flo	authorize orida Sta	d by tutes	the corp s. Afform	Corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered ALC DATE DATE	
12.	OFFICERS AND DIRECTORS					<u>'</u>	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
IUTE	D	D				DELETE	DELETE 1.13IT			☐ Change ☐ Addition	
NAME	KELLEY, ALBERT L						1.2 N	1.2 NAME			
STREET ADDRESS	402 APPELROUTH LANE						1.3 \$	1.3 STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040					l or etc		1.4 CITY-ST-ZIP		Tours Talana	
TITLE NAME	D L] DELETE ! CASTILLO, ANGELINA					L] DELETE	1	2.1 TITLE 2.2 NAME		L] Change L] Addition	
STREET ADDRESS	928 TRUMAN AVE.							2.3 STREET ADDRESS		1	
CITY-\$T-ZIP	KEY WEST FL 33040								ST-ZIP		
TITLE	D					DELETE	3.1 ™			☐ Change ☐ Addition	
NAME	KELLEY, MARTHA						3.2 N	3.2 NAME			

NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. 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, oven an attachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADORESS

5.3 STREET ADDRESS

5.4 City-St-ZiP

4.4 CITY - ST - ZIP

3 4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

City-St-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

Albert L. Kelley

DELETE

DELETE

DELETE

705/296-0160 Daytime Phone # 0024383

Change

☐ Addition

Addition

Change Addition