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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90136 030 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000003445					
1. Corporation Name THE PHEONIX FOUNDATION FOR CHILDREN, INC.					
Principal Place of Business 2090 PALM BEACH LAKES BOULEVARD SUITE 700 WEST PALM BEACH FL 33409			Mailing Address 2090 PALM BEACH LAKES BOULEVARD SUITE 700 WEST PALM BEACH FL 33409		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 06/15/1998 4. FEI Number 65-0844448 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent KULUNAS, JOSEPH J 250 AUSTRALIAN AVENUE SOUTH SUITE 1100 WEST PALM BEACH FL 33401			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 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE PD <input type="checkbox"/> DELETE NAME ABRAMS, THOMAS D STREET ADDRESS 2090 PALM BEACH LAKES BLVD., SUITE 700 CITY-ST-ZIP WEST PALM BEACH FL 33409 TITLE VPTD <input type="checkbox"/> DELETE NAME ORNELAS, MARIA STREET ADDRESS 2090 PALM BEACH LAKES BLVD., SUITE 700 CITY-ST-ZIP WEST PALM BEACH FL 33409 TITLE SD <input checked="" type="checkbox"/> DELETE NAME DWYER, CAROLYN STREET ADDRESS 2090 PALM BEACH LAKES BLVD., SUITE 700 CITY-ST-ZIP WEST PALM BEACH FL 33409 TITLE Secretary <input type="checkbox"/> DELETE NAME Zoe Matrero STREET ADDRESS 2090 Palm Beach Lakes Blvd CITY-ST-ZIP West Palm Beach, FL 33409 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE Secretary (SD) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Matrero, Zoe 1.3 STREET ADDRESS 2090 Palm Beach Lakes Blvd., Suite 700 1.4 CITY-ST-ZIP West Palm Beach, FL 33409 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99 (54) 640-5898
Date Daytime Phone #

CR2E037 (11/98)