2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P00000017380

1. Entity Name
FENIX GROUP, INC.

Principal Place of Business	Mailing Address
578 GOLDEN LINKS DRIVE	578 GOLDEN LINKS DRIVE
ORANGE FL	ORANGE FL
32073	32073

2. Principal Place of Business	3. Mailing Address	
578 GOLDEN LINKS DRIVE	578 GOLDEN LINKS DRIVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	4. FEI Number [X] Applied For
ORANGE PARK FL	ORANGE PARK FL	[ ] Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required
32073		32073		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY	Name
1201 HAYS STREET	Street Address (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL	
323012525 US	City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____   04/29/2001
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [X]	**FILE NOW!!! FEE IS $150.00** **After MAY 1, 2001 Fee will be $550.00** **Make Check Payable to Department of State**	10. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME	GROENERT GERI		NAME		
STREET ADDRESS	578 GOLDEN LINKS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORANGE FL 32073		CITY-ST-ZIP		
TITLE	D	[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME	GROENERT FRED		NAME		
STREET ADDRESS	578 GOLDEN LINKS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORANGE FL 32073		CITY-ST-ZIP		
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____Fred Groenert____   D   04/29/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/00)