

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P27745** (9)

1. Corporation Name

PHOENIX SYSTEMS GROUP, INC.



Principal Place of Business

**100 SECOND AVENUE SOUTH
SUITE #1100
ST. PETERSBURG FL 33701-4338**

Mailing Address

**100 SECOND AVENUE SOUTH
SUITE #1100
ST. PETERSBURG FL 33701-4338**

3. Date Incorporated or Qualified
01/17/1990

3a. Date of Last Report
08/10/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

2e Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FET Number

58-1744015

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GORDON, ROBERT P
100 2ND AVE S
SUITE 1100
ST PETERSBURG FL 33701**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent (not required)

(If Block 13 Registered Agent Signature Required when registering)

DATE

8/6/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DC GORDON, ROBERT P.**
STREET ADDRESS **100 2ND AVE S #1100**
CITY-STATE-ZIP **ST PETERSBURG FL**

TITLE ☐ DELETE
NAME **S SANDERS, XENOPHON**
STREET ADDRESS **2700 CORDOVA WAY S**
CITY-STATE-ZIP **ST PETERSBURG FL**

TITLE ☐ DELETE
NAME **V PARISI, LEO**
STREET ADDRESS **115 1ST STREET E. #7**
CITY-STATE-ZIP **TIERRA VERDE FL 33715**

TITLE ☐ DELETE
NAME **SD HENRY, PAUL W**
STREET ADDRESS **91 CROWNSHEIDL ROAD**
CITY-STATE-ZIP **BROOKLINE MA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **999**
2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **999 LARGO POINT**
3.4 CITY-STATE-ZIP **LARGO, FL 34647**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☒ Change ☒ Addition
5.2 NAME **GORDON, VINCENT P.**
5.3 STREET ADDRESS **100 2ND AVENUE SOUTH, SUITE #1100**
5.4 CITY-STATE-ZIP **ST. PETERSBURG, FL. 33701**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96
Date

(813) 894-8021
Daytime Phone #

CR2E034 (12/95)