

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Oct 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P38644  
1. Corporation Name

(1)

PHOENIX INFORMATION SYSTEMS CORP.

Principal Place of Business

Mailing Address

100 SECOND AVE. S., SUITE 1100  
ST. PETERSBURG FL 33701

100 SECOND AVE. S., SUITE 1100  
ST. PETERSBURG FL 33701

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

GORDON, ROBERT P.  
100 SECOND AVE. S., SUITE 1100  
ST. PETERSBURG FL 33701

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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 and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CDP	[ ] DELETE
NAME	GORDON, ROBERT P.	
STREET ADDRESS	100 2ND AVE. S., S-1100	
CITY-STATE-ZIP	ST. PETERSBURG FL	
TITLE	SD	[X] DELETE
NAME	HENRY, PAUL W	
STREET ADDRESS	91 CROWNSHIELD ROAD	
CITY-STATE-ZIP	BROOKLINE MA	
TITLE	D	[ ] DELETE
NAME	CAPIELLO, FRANK	
STREET ADDRESS	10751 FALLS RD., STE. 250	
CITY-STATE-ZIP	LUTHERVILLE MO	
TITLE	D	[ ] DELETE
NAME	CONRAD, ROBERT J	
STREET ADDRESS	38 MEADOW WOOD DRIVE	
CITY-STATE-ZIP	GREENWICH CT 06830	
TITLE	D	[ ] DELETE
NAME	W. JAMES, PEET	
STREET ADDRESS	888 SEVENTH AVENUE, SUITE 3300	
CITY-STATE-ZIP	NEW YORK NY 10106	
TITLE	PCD	[ ] DELETE
NAME	BLOSS, DELBERT F JR.	
STREET ADDRESS	100 SECOND AVENUE SOUTH, SUITE 1100	
CITY-STATE-ZIP	ST. PETERSBURG FL 33701	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CD	[X] Change [ ] Addition
12 NAME	GORDON, ROBERT P.	
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE	V	[ ] Change [X] Addition
22 NAME	FORD, PETER J.	
23 STREET ADDRESS	100 2ND AVE. S., S-1100	
24 CITY-STATE-ZIP	ST. PETERSBURG FL 33701	
31 TITLE	D	[ ] Change [X] Addition
32 NAME	YU, YAN-EN	
33 STREET ADDRESS	100 2ND AVE. S., S-1100	
34 CITY-STATE-ZIP	ST. PETERSBURG FL 33701	
41 TITLE	SD	[ ] Change [X] Addition
42 NAME	HENRY PAUL W.	
43 STREET ADDRESS	56 LAWRENCE RD.	
44 CITY-STATE-ZIP	CHESTNUT HILL MA 02467	
51 TITLE	10000265871	[ ] Change [X] Addition
52 NAME	-10/09/98 -01011--019	
53 STREET ADDRESS	***2200.00	
54 CITY-STATE-ZIP		
61 TITLE	PD	[X] Change [ ] Addition
62 NAME	BLOSS, DELBERT F. JR.	
63 STREET ADDRESS		
64 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Peter J. Ford* PETER J. FORD

8-10-98 (727) 894-8021

CR2E034 (5/98)