

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA 32399-0001

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS

95 MAY -1 AM 11:51

DOCUMENT # P93000054484 (9)

DRAGON & PHOENIX, INC.

1. Name of Corporation P.O. BOX 1629 BONITA SPRINGS FL 33959		2. Mailing Address P.O. BOX 1629 BONITA SPRINGS FL 33959		3. Date Incorporated (2/2/84)		3a. Date of Last Report 11/28/1994	
2. Other Particulars (2/2/84)		2a. Mailing Address		4. FEI Number 65-0434304		Applied For Not Applicable	
21. State Agent		26. State Agent		5. Certificate of Status (Deceased)		X \$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23. City & State		28. City & State		8. This corporation has liability for intangible tax under S. 194 (33) Florida Statutes.		Yes ☐ No ☒	
24. City & State		25. City & State		29. City & State		30. City & State	
9. Name and Address of Current Registered Agent LEE, ANDY K CENTER OF BONITA UNIT 144-146 3300 BONITA BEACH RD. BONITA SPRINGS FL 33923				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City FL 85. Zip Code			

11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.01(2)(c) 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 authorized to accept the resignation of the former registered agent.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME D LEE, ANDY K 6983 MILL POND CIRCLE NAPLES FL		1. NAME Change ☐ Add ☐	
2. NAME D LEE, SUMOY C 6983 MILL POND CIRCLE NAPLES FL		2. NAME Change ☐ Add ☐	
		3. NAME Change ☐ Add ☐	
		4. NAME Change ☐ Add ☐	
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		17. NAME Change ☐ Add ☐	
		18. NAME Change ☐ Add ☐	
		19. NAME Change ☐ Add ☐	
		20. NAME Change ☐ Add ☐	

14. I, the undersigned, certify that the information required with this filing was truthfully furnished and does not contain any fraud or misstatement. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that the corporate documents that support the facts and figures included with this report are true and accurate. I am authorized to execute this report as required by the Florida Statutes and that my signature is in accordance with the requirements of the Florida Statutes.

SIGNATURE: Andy K. Lee 04-10-95 813-992-2225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR