

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State, DIVISION OF CORPORATIONS
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DOCUMENT # P93000066638 (6)
1. Corporation Name
AMERICAN PHOENIX CORPORATION OF ORLANDO



Principal Place of Business 800 N MAGNOLIA AVE SUITE 800 ORLANDO FL 32803 US	Mailing Address 800 N MAGNOLIA AVE SUITE 1600 ORLANDO FL 32803 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/24/1993	
4. FEI Number 59-3209438		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent DRANE, FRANK 800 N MAGNOLIA AVE SUITE 1600 ORLANDO FL 32803				10. Name and Address of New Registered Agent 81 Name Swanson, Neil I. 82 Street Address (P.O. Box Number is Not Acceptable) 800 N. Magnolia Avenue 83 Suite 1600 84 City Orlando FL 85 Zip Code 32803			
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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  NEIL I. SWANSON PRESIDENT 4/13/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	VAUGHAN, MARTIN L		1.2 NAME				
STREET ADDRESS	10 STATE HOUSE SQUARE		1.3 STREET ADDRESS				
CITY-ST-ZIP	HARTFORD CT 06103		1.4 CITY-ST-ZIP				
TITLE	P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DRANE, FRANK C JR		2.2 NAME				
STREET ADDRESS	800 N MAGNOLIA AVENUE, SUITE 1600		2.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32803		2.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RYAN, WILLIAM E		3.2 NAME				
STREET ADDRESS	10 STATE HOUSE SQUARE		3.3 STREET ADDRESS				
CITY-ST-ZIP	HARTFORD CT 06103		3.4 CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	MASTERS, CAROLE		4.2 NAME	Engberg, Nancy J			
STREET ADDRESS	10 STATE HOUSE SQUARE		4.3 STREET ADDRESS	One American Row			
CITY-ST-ZIP	HARTFORD CT 06103		4.4 CITY-ST-ZIP	Hartford, CT 06102			
TITLE	S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CHRISTIE, MARY C		5.2 NAME				
STREET ADDRESS	800 N MAGNOLIA AVE		5.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 06103		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME			6.2 NAME	Swanson, Neil I.			
STREET ADDRESS			6.3 STREET ADDRESS	800 N. Magnolia Ave. Suite 1600			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Orlando, FL 32803			

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 file 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: 

CR2E034 (10/97)