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

PROFIT CORPORATION ANNUAL REPORT

1997

KNIGHT, HAZEL V

5119 REBECCA COURT

ORLANDO FL 32810



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400008966 (1)

9. Name and Address of Current Registered Agent

PHOENIX REAL ESTATE AGENCY, INC.

j.						
!	Principal Place of Business	Mailing Address				
9	S110 REBECCA COURT ORLANDO FL 32810	5119 REBECCA COURT ORLANDO FL 32810-2745				
e Total			3. Date Incorporated or Qualified			
7 	2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied	For		
:.	21	26	59-2848065 Not Appl	ica		
	Sulte, Apt. #, etc.	Suite, Apt. #, etc.		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
	City & State	City & State				
 	Zip Country 26	Zip Country 29 30	8. This corporation has liability for intangible tax under s. 199.0 Florida Statutes	32,		

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 of the state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

81 Name

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SIGNATURE .	Signature, typed or printed name of registered agent and title if applicable	يهييونسف المحادد	, <u>.</u>			
		. (NO1)	E: Registered Agent signature required when			
12.	OFFICERS AND DIRECTORS	1 be exc		ADDITIONS/CHANGES TO OFFICERS AND DI		
TITLE		DELETE	1.1 TITLE	لا	Change	Additi
NAME	KNIGHT, HAZEL V		1.2 NAME			
STREET ADDRESS	5119 REBECCA COURT		1.3 STREET ADDRESS			
PIZ-TS-YTK	ORLANDO FL 32810		1,4 CITY - ST - ZIP			
TITLE		DELETE	2.1 YITLE		Change	Additio
NAME]			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS	•		
XTY-ST-ZIP			2. 4 CITY - S1 - ZIP			
ITLE		DELETE	3.1 TITLE		Change	Additi
IAME			3.2 NAME			
TREET ADDRESS			3.3 STREET ADDRESS			
ITY-ST-ZIP			3.4. CITY- \$1 - ZIP			
ITLE		DELETE	4.1 TITLE		Change	Additi
IAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CHY-ST-ZIP			
ITLE		DELETE	5.1 TITLE		Change	Additi
IAME			5.2 NAME			
TREET ADDRESS			5 3 STREET ADDRESS			
ITY-ST-ZIP			5.4 CITY-ST-ZIP			
ITLE		DELETE	61 TITLE		Change	Additi
IAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
HTY-ST-7IP			6.4 CHY- \$1-7IP			

14. I do 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.

FILED

Apr 21 1997 8:00am

Secretary of State

Name and Address of New Registered Agent

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

Applied For Not Applicable