

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

May 01 1996 8:00 am  
Secretary of State

DOCUMENT # P94000036116 (9)

1. Corporation Name

PHOENIX CONTINENTAL CORP.

Principal Place of Business

2700 WEST CYPRESS CREEK RD  
SUITE D-131  
FORT LAUDERDALE FL 33309

Mailing Address

2700 WEST CYPRESS CREEK RD  
SUITE D-131  
FORT LAUDERDALE FL 33309

3. Date Incorporated or Qualified  
05/12/1994

3a. Date of Last Report  
06/12/1995

4. FEI Number  
65-0495495

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

2. Principal Place of Business

2a. Mailing Address

21 7501 E PEMBERKE RD

26 7501 E PEMBERKE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 PEMBERKE PINES, FL

28 PEMBERKE PINES, FL

Zip

Country

Zip

Country

24 33023

25

29 33023

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LICHTMAN, CHARLES H  
1200 S PINE ISLAND RD  
SUITE 100  
PLANTATION FL 33324

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, and date of signature

Signature, typed or printed name of registered agent, and date of signature

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HONEY, MICHAEL T  
STREET ADDRESS 2700 WEST CYPRESS CREEK ROAD, SUITE D-131  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100001840881  
-05/28/96--01035--005  
\*\*\*200.00

5/1/96

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 of this report, or on an attachment with an address.

SIGNATURE:

MICHAEL  
T. HONEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Year

4/12/96 (954) 987-1070

CR2E034 (12/95)