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FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000044516 (0)

1. Corporation Name
PHASE XV, INC.



Principal Place of Business

**237 COLONADE CIRCLE
NAPLES FL 33940**

Mailing Address

**237 COLONADE CIRCLE
NAPLES FL 34103-8726**

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

06/14/1994

3a. Date of Last Report

03/18/1996

4. FEI Number

65-0522050

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

9. Name and Address of Current Registered Agent

**WOLFE, DAVID L ESQ.
500 FIFTH AVENUE SOUTH
SUITE 509
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name **George K Bou-Sliman**

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

237 Colonnade Circle

83

84 City **Naples**

FL

85 Zip Code

34103-8726

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 **X**

Signature of registered agent or officer or director and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

1/10/97
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **BOU-SLIMAN, GEORGE K**
STREET ADDRESS **4390 E. CLIFF RD.**
CITY-ST-ZIP **PORT CLINTON OH 43452**

TITLE **D** ☐ DELETE
NAME **BOU-SLIMAN, BARBARA**
STREET ADDRESS **4390 E. CLIFF RD.**
CITY-ST-ZIP **PORT CLINTON OH 43452**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Bou-Sliman, George K** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **237 Colonnade Circle**
1.4 CITY-ST-ZIP **Naples, FL 34103-8726**

2.1 TITLE **Bou-Sliman, Barbara** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **237 Colonnade Circle**
2.4 CITY-ST-ZIP **Naples, FL 34103-8726**

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George K. Bou-Sliman Pres. **1/10/97**
Date Daytime Phone

CR2E034 (9/96)