

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

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000047707 (2)**  
1. Corporation Name  
**PHOENIX AMERICAN PAYMENT PLANS, INC.**

Principal Place of Business

**6303 BLUE LAGOON DR.  
225  
MIAMI FL 33126  
US**

Mailing Address

**6303 BLUE LAGOON DR.  
225  
MIAMI FL 33126  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/27/1994</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0566122</b>	Applied For Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip	Country	28 Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HURTUBISE, MELVIN J  
6303 BLUE LAGOON DR., SUITE 225  
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0509 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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	<b>PD BROOKS, R. STEVEN</b>		
	<b>5740 SW 130 TERR</b>		
	<b>MIAMI FL</b>		
	<input type="checkbox"/> DELETE		
	<b>SD HURTUBISE, MEL</b>		
	<b>9735 N.W. 52ND ST., #516</b>		
	<b>MIAMI FL</b>		
	<input type="checkbox"/> DELETE		
	<input type="checkbox"/> DELETE		
	<input type="checkbox"/> DELETE		
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	<input type="checkbox"/> DELETE		
	<input type="checkbox"/> DELETE		

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 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:

*Melvin J Hurtubise*

4/22/98

(305) 266-5665

CR2E034 (10/97)