

FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS		Apr 28 1997 8:00am Secretary of State	
<b>DOCUMENT # P95000024054 (5)</b>					
1. Corporation Name <b>PHASE MASTERS, INC.</b>					
Principal Place of Business <b>150 NW 176 ST BAY E MIAMI FL 33169</b>			Mailing Address <b>150 NW 176 ST BAY E MIAMI FL 33169-5046</b>		
2. Principal Place of Business <b>21 101 N.W. 176 ST.</b>			2a. Mailing Address <b>26 101 N.W. 176 ST.</b>		
Suite, Apt. #, etc. <b>22</b>			Suite, Apt. #, etc. <b>27</b>		
City & State <b>23 MIAMI, FL</b>			City & State <b>28 MIAMI, FL</b>		
Zip <b>24 33169</b>			Country <b>25 USA</b>		
			Country <b>29 33169</b>		
			Country <b>30 USA</b>		
9. Name and Address of Current Registered Agent <b>HIGHTOWER, JAMES M 150 NW 176 ST BAY E MIAMI FL 33169</b>			10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 101 N.W. 176 ST.</b> <b>83</b> <b>84 City MIAMI FL 85 Zip Code 33169</b>		
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: <b>JAMES M HIGHTOWER James M Hightower president 4-22-97</b> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PSTD	<input type="checkbox"/> DELETE			
NAME	HIGHTOWER, JAMES M				
STREET ADDRESS	150 NW 176 ST BAYE				
CITY - ST - ZIP	MIAMI FL 33169				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	FORBEY, DON				
STREET ADDRESS	150 NW 176 ST BAYE				
CITY - ST - ZIP	MIAMI FL 33169				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE					
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: <b>JAMES M HIGHTOWER JAMES M HIGHTOWER 4/22/97</b> 305-655-0927 Date Daytime Phone					