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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P95000033925 (5)

FILED Jan 22 1998 8:00am Secretary of State

PHOEN	nix star inte r national,	INC.			
Principal Plac	ce of Business	Mailing Address		- 1 1001/1001 STE SEIDT EINT BRITT DENK EUR	AN MBINGO TENDO ENTES ESTAD ANDON BARE HORE
3121 CLAUDE LANE 3121 CLAUDE LANE SARASOTA FL 34234 SARASOTA FL 34234				DO NOT WELL	
				DO NOT WRITE	IN THIS SPACE
}				3. Date Incorporated or Qualified	}
2. Principal F	Place of Business	2a. Mailing Address		05/02/1995 4. FEI Number	Applied For
21 Pho e		26 1715 Independ	RI. I	65-0579131	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	AVCE DIA		SR 75 Additional
22		27 Suite	R¬٦	5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State	ر	6. Election Campaign Financing	\$5.00 May Be
23		28 Saraso	ita, FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pai	
24	25		0 (15A	Personal Property Tax due June	
	g, Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
HINNE, IERRI E				ickle Terry	
3121 CLAUDE LANE B2 Street Ad				ess (P.O. Box Number is Not Acceptable	· •• · 1
J SA	rasota fl 34234		83 1715	Frdependence	B(J 3 -7
			63	•	
•	·		84 City	4	85 Zip Code
	18 V 007 0F	00 - 1007 4500 51 1 014	<u>رمک ا</u>	rasota	FL 34234
office or i	registered agent, or bo th, in the State	oz and 607.1508, Florida Statutes e of Florida. Such change was au	i, the above-hamed corp thorized by the corporati	oration submits this statement for the plon's board of directors. I hereby accept	urpose of changing its registered the appointment as registered
agent.la	am familiar with, and accept the obliq	jations of, Section 607.0505, Flori	da Statutes.	•	
SIGNATURE	Signature, typed or printed name of registered ag	AUXT	Registered Agent signature require	ad other religion)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETÉ	1,1 TITLE		Change Addition
NAME	TAYLOR, JAMES J		1.2 NAME		
STREET ADDRESS	339 38TH AVENUE NE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33704		1.4 CITY - ST - ZIP)}
TITLE	STD	☐ DELETE	2.1 TITLE		Change Addition
NAME	HICKLE, TERRY E		2.2 NAME		
STREET ADORESS	3121 CLAUDE LANE		2.3 STREET ADDRESS)
CITY-ST-ZIP	SARASOTA FL 34234		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		į
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-SY-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME)
Street address			4.3 STREET ADDRESS		1
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 THTLE		Change Addition
NAME	}		5.2 NAME		1
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
	I		0.4 0.734 07 240		

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 ennual 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.