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PROFIT \*\*\*\*\* ANNUAL REPORT-



DOCUMENT # P95000033925

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90155 016 \*\*\*150.00

PHOENIX STAR INTERNATIONAL, INC. Mailing Address Principal Place of Business 1715 INDEPENDENCE BLVD PHOENIX STAR INT'L SARASOTA FL 34234 STE B 7 DO NOT WRITE IN THIS SPACE SARASOTA FL 34234 US 3. Date Incorporated or Qualifed 05/02/1995 Applied For 4. FEI Number 2a. Mailing Address 65-0579131 -Not-Applicable 26 6564-4 \$8.75 Additional  $\Box$ 5. Certifcate of Status Desired Building Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution This corporation owes the current year Intangible Yes 33781 30 USA Personal Property Tax. 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HICKLE, TERRY E Street Address (P.O. Box Number is Not Acceptable 82 1715 INDEPENDENCE BLVD B 7 SARASOTA FL 34234 83 84 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. **LICKLE** SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE ☐ Change ☐ Addition 11 TITLE TITLE 1.2 NAME TAYLOR, JAMES J NAME 339 36TH AVENUE NE 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33704 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TITLE TITLE STD HICKLE, TERRY E 2.2 NAME NAME 3121 CLAUDE-LANE-2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34234 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE □ DELETE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 5.1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)