

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000044126 (7)**

1. Corporation Name

PHOENIX CAPITAL FINANCE, INC.



Principal Place of Business

Mailing Address

**2700 W. CYPRESS CREEK RD.
SUITE D-131
FT. LAUDERDALE FL 33309**

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SUITE D-131
FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified

06/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 7501 E PEMBROKE

26 7501 E PEMBROKE

4. FEI Number

65-0611376

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 PEMBROKE PINE, FL

28 PEMBROKE PINE, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 33023

25

29 33023

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAPLAN, LAWRENCE A
ONE S.E. THIRD AVE.
SUITE 1940
MIAMI FL 33131**

81. Name

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

83.

84. City

FL

85. Zip Code

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

Signature typed or printed name of registered agent and their appointment

(NOTE: Registered Agent's signature required when changing agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **D HONEY, MICHAEL T**

12 NAME

STREET ADDRESS **6804 VIA REGINA**

13 STREET ADDRESS

CITY-ST-ZIP **BOCA RATON FL 33433**

14 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY-ST-ZIP

24 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY-ST-ZIP

34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY-ST-ZIP

44 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-ST-ZIP

54 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-ST-ZIP

64 CITY-ST-ZIP

TITLE ☐ DELETE

7.1 TITLE ☐ Change ☐ Addition

NAME

72 NAME

STREET ADDRESS

73 STREET ADDRESS

CITY-ST-ZIP

74 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or 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:

MICHAEL T. HONEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

Date

(954) 987-1070

Date of Phone

CR2E034 (12/95)