


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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000049103			
1. Corporation Name Phoenix Construction Management, Inc.			
Principal Place of Business		Mailing Address	
1015 Atlantic Blvd. Suite 240 Atlantic Beach, FL 32233			
2. Principal Place of Business		2a. Mailing Address	
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	3. Date Incorporated or Qualified June 22, 1995	
22. City & State	27. City & State	3a. Date of Last Report April 29, 1996	
23. Zip	28. Zip	4. FEI Number NOT APPLICABLE	
24. Country	29. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent Leinenweber, F. Michael 312 Ocean Front Neptune Beach, FL 32233		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. Name and Address of New Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83.		84. City	
85. Zip Code		FL	
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: Michael F. Leinenweber (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP Pres. Leinenweber, Michael F. 312 Ocean Front Neptune Beach, FL 32233		11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP V.P./Sec. Leinenweber, Robert R. 312 Midway Neptune Beach, FL 32233		21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE		31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE		41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE		51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE		61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. I, the undersigned, 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.		300002153049 -04/24/97--01006--020 ***165.00	
SIGNATURE: Michael F. Leinenweber		April 11, 1997 246-9376 Date Daytime Phone #	

CR2E034 (9/96)