

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

**FILED**  
**Mar 28 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000052377 (5)**  
 1. Corporation Name  
**PHOENIX POSSIBILITIES CORPORATION**



Principal Place of Business <b>11202 VERANDA CT. BRADENTON FL 34209</b>	Mailing Address <b>11202 VERANDA CT. BRADENTON FL 34209-7101</b>
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3. Date Incorporated or Qualified <b>07/03/1995</b>	3a. Date of Last Report <b>04/12/1996</b>
4. FEI Number <b>APPLIED FOR 59-3387315</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. # etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	25. Zip
29. Country	30. Zip

9. Name and Address of Current Registered Agent <b>CANAN, MICHAEL J 20 N. ORANGE AVE SUITE 1426 ORLANDO FL 32801</b>	10. Name and Address of New Registered Agent 81 Name <b>M. Dennis Madrak</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>40 S. Pineapple Avenue</b> 83 <b>Suite 200</b> 84 City <b>Sarasota</b> FL 85 Zip Code <b>34236</b>
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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 **M D Madrak CPA** (NOTE: Registered Agent signature required when reinstating)  
 DATE **3-25-97**

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>CARLTON, LANA L</b>	
STREET ADDRESS <b>11202 VERANDA CT.</b>	
CITY - ST - ZIP <b>BRADENTON FL 34209</b>	
TITLE <b>ST</b>	<input type="checkbox"/> DELETE
NAME <b>CARLTON, LANA L</b>	
STREET ADDRESS <b>11202 VERANDA CT.</b>	
CITY - ST - ZIP <b>BRADENTON FL 34209</b>	
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	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: **Lana L. Carlton** **LANA L. CARLTON** **March 13 1997** **941 798-9289**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)