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PROFIT CORPORATION. ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P95000073852 (2) DOCUMENT # 1. Corporation Name

PHOENIX CONSULTING SERVICES, INC.



		Mailing Address		i i	
4338 SCHOOR LYNN HAVEN		P.O. BOX 1377 LYNN HAVEN FL 32444	1		
				3. Date Incorporated or Qualified 09/22/1995	3a. Date of Last Report
2. Principal Plac	e of Business	2a. Mailing Address		4, FEI Number	Applied For
4338	ScHooner W.	26 P.O. BOX 1	317	59-3339187	Not Applicabl
Suite, Apt. #,	etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	HANEN , FL	City & State HA	veh, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
793244	Country BAY	29 32444	Country 30 BAY	R. This corporation has liability for in Florida Statutes Yes	□No
	 Name and Address of Current 	t Registered Agent		10. Name and Address of New Ro	egistered Agent
			81 Name		
	DOUGLAS M		82 Street Add	dress (P.O. Box Number is Not Acceptable	e)
	HOONER LANE		63		
LYNN HA	NVEN FL 32444		63		
			84 City		FL 85 Zip Code
Id. Dura sont to	the provisions of Sections 607 0502	and £07 1508 Florida Statute	s the above named coruc	oration submits this statement for the purp ard of directors. I hereby accept the appo	pose of changing its registered offi
BIGNATURE _ s 12.	ignature itypod or printed name of register magent o OFHCERS AND		Ft. Registered Apert signature requir	ad when receiving) ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
	P	☐ DELETE	1 1 TITLE		Change Addition
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Loo nereby certify that the information supplied with this filing is voluntarily turnished 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13-# changed, or on an attachment with an address.

SIGNATURE:

CR2E034 (12/95)