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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

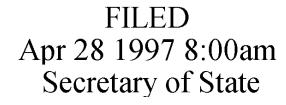
1997

DOCUMENT # P95000076588 (9)

PHOENIX FUNDING GROUP, INC.

Principal	Place	of	Business
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Mailing Address





SUI	S COLLEGE ITE 114 MYERS FL 3				BIO SW 43RD LANI APE CORAL FL 33:				Date Incorporated or Qualified 10/03/1995	3a. Da			eport .	
2. Principal Place of Business				2	2a. Mailing Address				4. FEI Number	1	Applied For			
21	•			26	<u> </u>				65-0617344			Not Applicable		
22	Sulte, Apt.	. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required				
23	City & State)		28	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
24	Zip		Country 25	29		30 Co	ountry	·		Yes 🖸	No	der s.	199.032,	
	14111		and Address of Curren	l Regi	Istered Agent		-	1	10. Name and Address of New Reg	istered A	gent			
		BE, SALLY	LAMP				B1	Name						
CAPE CORAL FL 33914					82	Street Add	reet Address (P.O. Box Number is Not Acceptable)							
							83							
							84	City		FL	85	Zip (Code	
	agent. I ar GNATURE	n familiar wi	pont, or both, in the State ith, and accept the obligation printed name of registered age	ations	of, Section 607.05	05, Florida St	alule	S.	rporation submits this statement for the pation's board of directors. I hereby accepated when renstating.	the appo	ointme	ang it ent as	registered	
12	2.		OFFICERS AN	D DIRE	C1ORS	13			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRE	CTOR	S IN 12	
TIT	LE	D			DELE	TE 1.1	TITLE				CH	ange	Addition	
NA	ME	KNABE, S				1,2	MAME							
STI	REET ADDRESS	2810 SW 42 LANE					1.3 STREET ADDRESS							
	Y-ST-ZIP		IRAL FL 33914				CITY-S	ST-ZIP					· · · · · · · · · · · · · · · · · · ·	
TiT		D KNABE, S	STEVEN		☐ DELE		TITLE				[] Ct	ange	Addition	
NA	1	2810 SW				1	NAME							
	REET ADDRESS		PRAL FL 33914					ADDRESS						
TIT	Y-ST-ZIP				DELE		TITLE	ST-ZiP		····	Ch	ange	Addition	
NA							NAME					-		
	REET ADDRESS					1		I ADDRESS						
	Y-\$T- Z IP							S1-ZIP						
TIT	LE				DEFE	TE 4.1	TITLE				Cr	ange	Addilion	
NA	ME					4. 2	NAME							
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	REET ADDRESS							I ADDRESS						
	Y-ST-ZIP							ST-ZIP						

4. 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 path; the same 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 chapted, or on an attachment with an address.

CIONATURE.

holl Valle SH SALLY KNABE

4/22/97 941-431-201