

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Oct 06 1998 8:00am  
Secretary of State

DOCUMENT # P95000076588 (9)

1. Corporation Name  
PHOENIX FUNDING GROUP, INC.



Principal Place of Business

8695 COLLEGE PARKWAY  
SUITE 44-120  
FT MYERS FL 33919

Mailing Address

2810 SW 43RD LANE  
CAPE CORAL FL 33914

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1995

4. FEI Number

65-0617344

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

STEVEN KNABE

82. Street Address

11639 QUAIL RUN DR

83.

84. City

FT MYERS

FL

85. Zip Code

33908

2. Principal Place of Business

21. Suite, Apt. #, etc.

120

22. City & State

23. Zip

Country

24.

25.

2a. Mailing Address

26. 8695 COLLEGE PARKWAY

27. STE. 120

28. FT MYERS FL

29. 33919

30. LEE

9. Name and Address of Current Registered Agent

KNABE, SALLY  
2810 SW 43RD LANE  
CAPE CORAL FL 33914

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 of the person authorized to change the registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9-23-98

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME KNABE, SALLY

STREET ADDRESS 2810 SW 42 LANE

CITY-ST-ZIP CAPE CORAL FL 33914

TITLE D ☐ DELETE

NAME KNABE, STEVEN

STREET ADDRESS 2810 SW 42 LANE

CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

320 GOLF BROOK CIRCLE, #108  
LONGWOOD, FL 32779

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

11639 QUAIL RUN DR  
FT MYERS, FL 33908

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

800002657738

-10/07/98-01060-012

\*\*\*550.00

14. I 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 this 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

V.P. a Winkler

9-23-98 941457204

CR2E034 (5/98)