## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # Corporation Name	P95000076588

PHOENIX FUNDING GROUP, INC.

Principal Place of Business	Mailing Address
8695 COLLEGE PARKWAY SUITE 120 FT MYERS FL 33919	8695 COLLEGE PARKWAY SUITE 120 FT MYERS FL 33919

## FILED Aug 11, 1999 8:00 am Secretary of State

08-11-1999 90019 037 \*\*\*550.00



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•	e of Business	Mailing Address				and the confidence of the state
8695 COLLEG	E PARKWAY (	8695 COLLEGE PARKWA SUITE 120	1A		· ·	· • •
SUITE 120 FT MYERS FL	3301.0	FT MYERS FL 33919			DO NOT WRIT	E IN THIS SPACE
11 11/12/10 12	. 33313	T I MICHO TE GOOTO			3. Date Incorporated or Qualified 10/03/1995	
2. Principal F	Place of Business	2a, Mailing Address			4. FEI Number	Applied For
21		26			65-0617344	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 Additional
22	<i>II,</i> 0.0.	27			5. Certificate of Status Desired	Fee Required
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the curre	ent year
24	25	29	30		Intangible Personal Property.	Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	egistered Agent
L/AI	ADE CIEVEN			81 Nam	9	
	ABE, STEVEN			82 Stree	t Address (P.O. Box Number is Not Accepta	ble)
1	339 Quail Run Drive RT Myers FL 33908					,
10	LI MIEUO LE 22200			83		
_				84 City		FL 85 Zip Code
11. Pursuan	t truthe exprisions of sections 607.0502	2 and 607,1508, Florida Statu	tes, the abo	ove-named	corporation submits this statement for the pu	rpose of changing its registered
office or	registered agent, or both, in the State	of Florida, Such change was	authorized	by the co	corporation submits this statement for the purporation's board of directors. I hereby accept	t the appointment as registered
		TOVEL VIABLE	jonda Stat	ulcs.		9-9-99
SIGNATURE	Signature, specific printed having of registered ager			red Agent sign	sture required when reinstating)	DATE
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE		DELETE	1.1 777	TLE		Change Addition
NAME	KNABE, SALLY		1.2 NA	ME		
STREET ADDRESS	320 GOLF BROOK CIRCLE, #	·108	1.3 \$T	REET ADDRES	3	
				TV 6T.7ID		
CITY-ST-ZIP	LONGWOOD FL 32779		1.4 CI	LING PALIF		!
CITY-ST-ZIP TITLE	LONGWOOD FL 32779		1.4 CIT			Change Addition
TITLE	D	DELETE	_	TLE		Change Addition
TITLE NAME	D KNABE, STEVEN		2.1 TET 2.2 NA	TLE	3	Change Addition
TITLE NAME STREET ADDRESS	D KNABE, STEVEN 11639 QUAIL RUN DRIVE		2.1 TET 2.2 NA 2.3 ST	TLE AME REET ADDRES	3	Change Addition
TITLE NAME	D KNABE, STEVEN	DELETE	2.1 TET 2.2 NA 2.3 ST	TLE AME REET ADDRES TY-\$T-ZIP	3	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D KNABE, STEVEN 11639 QUAIL RUN DRIVE		2.1 TfT 2.2 NA 2.3 STI 2.4 Cl <sup>-</sup>	TLE AME REET ADDRES TY-ST-ZIP TLE	3	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D KNABE, STEVEN 11639 QUAIL RUN DRIVE	DELETE	2.1 TH 2.2 NA 2.3 ST 2.4 Cl 3.1 TH 3.2 NA	TLE AME REET ADDRES TY-ST-ZIP TLE AME	W Age of	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D KNABE, STEVEN 11639 QUAIL RUN DRIVE	DELETE	2.1 Tff 2.2 NA 2.3 STI 2.4 Cl <sup>-</sup> 3.1 TlT 3.2 NA 3.3 STI	TLE  REET ADDRES  TY-ST-ZIP  TLE  AME  REET ADDRES	W Age of	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNABE, STEVEN 11639 QUAIL RUN DRIVE	DELETE DELETE	2.1 Tff 2.2 NA 2.3 STI 2.4 Cl <sup>-</sup> 3.1 TlT 3.2 NA 3.3 STI	TLE  REET ADDRES  TY-ST-ZIP  TLE  ME  REET ADDRES  TY-ST-ZIP	W Age of	Change Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D KNABE, STEVEN 11639 QUAIL RUN DRIVE	DELETE DELETE	2.1 Tff 2.2 NA 2.3 STf 2.4 Cff 3.1 Tff 3.2 NA 3.3 STf 3.4 Cff 4.1 Tff 4.2 NA 4.3 STf	TLE  MME  REET ADDRES  TY-ST-ZIP  TLE  MME  REET ADDRES  TY-ST-ZIP  TLE  MME  REET ADDRES		Change Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D KNABE, STEVEN 11639 QUAIL RUN DRIVE	DELETE  DELETE	2.1 Tff 2.2 NA 2.3 STf 2.4 Cf 3.1 Tff 3.2 NA 3.3 STf 4.1 Tff 4.2 NA 4.3 STf 4.4 Cf 5.1 Tff 5.2 NA 5.3 STf 5.4 Cf 6.1 Tff	TLE  MME  REET ADDRES  TY-ST-ZIP  TLE  MME		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNABE, STEVEN 11639 QUAIL RUN DRIVE FORT MYERS FL 33908	DELETE  DELETE  DELETE	2.1 Tff 2.2 NA 2.3 STf 2.4 Cf 3.1 Tff 3.2 NA 3.3 STf 4.1 Tff 4.2 NA 4.3 STf 4.4 Cf 5.1 Tff 5.2 NA 5.3 STf 5.4 Cf 6.1 Tff 6.2 NA	TLE  MME  REET ADDRES  TY-ST-ZIP  TLE  MME	6	Change Addition  Change Addition  Change Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears hanged, or on an attachment with an address.

GNATISTEVEN CKINDE

941.437.2011