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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90160 002 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P9600004540

1. Corporation Name

PHOENIX ELECTRONICS SERVICE & SALES INC.

Principal Place of Business	Mailing Address			
2916 CEDARIDGE DR TAMPA FL 33618	2916 CEDARIDGE DR TAMPA FL 33618	DO NOT WR		
		3. Date Incorporated or Qualifed 01/11/1996		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number		

4. FEI Number Applied For 59-3354176 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be City & State Election Campaign Financing Added to Fees Trust Fund Contribution 28 Country Country This corporation owes the current year Intangible □No ☐ Yes 30 Personal Property Tax. 25 29 9. Name and Address of Current Registered Agent

MARKS, BARRY L 2916 CEDARIDGE DR **TAMPA FL 33618**

10. Name and Address of New Registered Agent							
81	Name .	_					
82	Street Address (P.O. Box Number is Not Acceptable)						
83							
84	City	85	Zip Code				

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, Flonda Statutes.										
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Reg	istered Agent signature re	quired when remstating)	DATE		}	•		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO	OFFICERS AN	ID DIRECTOR		Š		
TITLE	D DEL	LETE	1.1 TITLE			☐ Change	Addition (;		
NAME	MARKS, BARRY L	ŀ	1.2 NAME				{	7		
STREET ADDRESS	2916 CEDARIDGE DR	3	1.3 STREET ADDRESS	•			}	į		
CITY-ST-ZIP	TAMPA FL 33618		1.4 CITY-ST-ZIP							
YITLE	☐ DEL	LETE	2.1 TITLE			Change	☐ Addition			
NAME		ł	2.2 NAME				}			
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CITY-ST-ZIP			2. 4 CITY-ST-ZIP							
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NAME		1	6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS				ì	1		
CITY_ST_7IP			6.4 CITY-ST-ZIP				1			

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 in Block 12 or Block 13 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

4-20-1999 813-265-0868

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