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FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000010340 (3)

1. Corporation Name

PHOENIX FRAME, INC.



Principal Place of Business

Mailing Address

5416 MARINA DRIVE
HOLMES BEACH FL 34217
US

5416 MARINA DRIVE
HOLMES BEACH FL 34217
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5416 MARINA DR

Suite, Apt. #, etc.

22

City & State

23 HOLMES BEACH FL

Zip

Country

24 34217

25 MANATEE

2a. Mailing Address

26 5416 MARINA DR

Suite, Apt. #, etc.

27

City & State

28 HOLMES BEACH FL

Zip

Country

29 34217

30 MANATEE

3. Date Incorporated or Qualified

02/01/1996

4. FEI Number

65-0644041

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$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

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME JACKSON, BRENDA S
STREET ADDRESS 5306 HOLMES BOULEVARD, UNIT A
CITY-ST-ZIP HOLMES BEACH FL 34217

TITLE STD ☒ DELETE

NAME CARLSON, KARLY
STREET ADDRESS 5306 HOLMES BOULEVARD, UNIT A
CITY-ST-ZIP HOLMES BEACH FL 34217

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME P/S JACKSON, BRENDA S

1.3 STREET ADDRESS 5416 MARINA DR

1.4 CITY-ST-ZIP HOLMES BEACH, FL 34217

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME SHANE SHERWOOD

3.3 STREET ADDRESS 7115 C DEFRANZO LOOP

3.4 CITY-ST-ZIP FT MEADE MD

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME JAMIE L. SHERWOOD

4.3 STREET ADDRESS 7115 C DEFRANZO LOOP

4.4 CITY-ST-ZIP FT MEADE MD

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

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 attachment with an address.

SIGNATURE

[Signature]

[Signature]

[Signature]

[Signature]

4/14-98

941-779-5400

CR2034 (10/97)