

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  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90152 040 \*\*\*150.00

DOCUMENT # P96000010340

1. Corporation Name  
PHOENIX FRAME, INC.

Principal Place of Business

5416 MARINA DRIVE  
HOLMES BEACH FL 34217  
US

Mailing Address

5416 MARINA DRIVE  
HOLMES BEACH FL 34217  
US

DO NOT WRITE IN THIS SPACE

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5416 MARINA DR  
Suite, Apt. #, etc.

2a. Mailing Address

26 5416 MARINA DR  
Suite, Apt. #, etc.

City & State

23 HOLMES BEACH FL

City & State

28 HOLMES BEACH, FL

Zip

Country

24 34217 25 MANATEE

Zip

Country

29 34217 30 MANATEE

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 PS ☐ DELETE  
NAME JACKSON, BRENDA S  
STREET ADDRESS 5416 MARINA DRIVE  
CITY-ST-ZIP HOLMES BEACH FL 34217

TITLE T ☐ DELETE  
NAME SHERWOOD, JAMIE L  
STREET ADDRESS 7115C DEFRANZO LOOP  
CITY-ST-ZIP FT. MEADE MD

TITLE V ☐ DELETE  
NAME SHERWOOD, SHANE  
STREET ADDRESS 7115C DEFRANZO LOOP  
CITY-ST-ZIP FT. MEADE MD

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

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME SHERWOOD, JAMIE L  
2.3 STREET ADDRESS 58TH SIGNAL BN UNIT 35154 BOX 78  
2.4 CITY-ST-ZIP APO AP 963760078

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME SHERWOOD SHANE  
3.3 STREET ADDRESS 58TH SIGNAL BN UNIT 35154 BOX 78  
3.4 CITY-ST-ZIP APO AP 963760078

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-778-5480

CR2E034 (1/98)