

ANNUAL REPORT
1997



Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

May 14 1997 8:00am
Secretary of State

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1. Corporation Name

BLUE PHOENIX INC

Principal Place of Business

Mailing Address

COMPUTER COACH
6850 FOREST HILL BLVD.
W. PALM BEACH, FL 33413

3. Date Incorporated or Qualified

3a. Date of Last Report

2/23/96

2. Principal Place of Business

2a. Mailing Address

21 6850 Forest Hill Blvd

2a 6850 Forest Hill Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 West Palm Beach, FL

2a West Palm Beach, FL

Zip

Country

Zip

Country

24 33413

25 USA

2a 33413

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KATHRYN M. JAKABSON, Esquire
SUITE 104, 1325 S. CONGRESS AVE.
BOYNTON BEACH, FL 33426

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 607.1506, 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 fee if applicable

(NOTE: Registered Agent signature required when remaining)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G.B. Wilson Sec/TREAS.

4/29/97

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