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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000044449 (2)

PHOENIX GROUP, INC.

| Principal Place of Business Mailing Address 17-106 ROYAL PALM WAY 17-106 ROYAL PALM BOCA RATON FL 33432 BOCA RATON FL 334 |   |                        |                     |                     |                         |                             |                                      |   |               |                                       |               |
|---|---|------------------------|---------------------|---------------------|-------------------------|-----------------------------|--------------------------------------|---|---------------|---------------------------------------|---------------|
|   |   |                        |                     |                     |                         |                             |                                      | 3. Date Incorporated or Qualified 05/24/1996                          | <b>3a.</b> D. | ate of Last Re                        | eporl         |
| 2. Principal Place of Business  |   |                        | 2a. Mailing Address |                     |                         |                             |                                      | 4. FEI Number   | -1            | <u> </u>                              | oplied For    |
| 21  |   |                        | 26                  |                     |                         |                             |                                      | 65-06/61/6  |               |                                       | ot Applicable |
| Suite, Apt. #, etc.   |   |                        |                     | Suite, Apt. #, etc. |                         |                             |                                      | 5. Certificate of Status Desired                                      |               | \$8.75 A                              |               |
| City & Stat   | e   | City & State           |                     |                     |                         | 6 Floring Committee Floring |                                      | · · · · · · · · · · · · · · · · · · ·                                 |               |                                       |               |
| 23  |   |                        | 28                  |                     |                         |                             |                                      | Election Campaign Financing     Trust Fund Contribution               |               | \$5.00<br>Added t                     |               |
| Zip Country   |   | untry                  |                     | Zip Cou             |                         |                             |                                      | B. This corporation has liability for intangible tax under s 199.032, |               |                                       |               |
| 24  | 25  |                        | 29                  |                     | 30                      |                             |                                      |   | ] Yes [       |                                       |               |
|   | g. Name and A                                 | ddress of Currer       | nt Register         | ed Agent            |                         |                             |                                      | 10. Name and Address of New Re  | gistered      | Agent                                 |               |
|   | e, Barbara a                                  |                        |                     |                     | 8.                      | ۱,                          | Name                                 |   |               |                                       |               |
|   | 106 ROYAL PALA                                |                        | 82 Street Ad        |                     |                         | Street Addre                | ess (P.O. Box Number is Not Acceptab | le)   |               |                                       |               |
| BOCA RATON FL 33432   |   |                        |                     | 02                  |                         |                             |                                      |   |               | · · · · · · · · · · · · · · · · · · · |               |
|   |   |                        |                     | 83                  |                         |                             |                                      |   |               |                                       |               |
|   |   |                        |                     |                     | 84                      | •                           | City                                 |   | FL            | 85 Zip (                              | Code          |
| 11. Pursuant  | to the provisions of                          | Sections 607.050       | 2 and 607.          | 1508. Florida Statu | ites, the abo           | <br>ve-                     | named coroc                          | pration submits this statement for the p                              | urpose o      | •    <br>of changing it               | is registered |
| office or r   | registered agent, or<br>im familiar with, and | both, in the State     | of Florida.         | Such change was     | authorized b            | )V t                        | the corporation                      | on's board of directors. I hereby accep                               | ol the app    | pointment as                          | registered    |
| SIGNATURE   | 1   | booopi (iic oping      | anono or, o         | 00,000,1            | ionica oranan           |                             |                                      |   |               |                                       |               |
| SIGNATURE   | Signature, typed or printed                   | name of registered age | ent and title if ar | ptrablo (NC         | TE Registered A         | Jenl                        | l signature require                  | d when reinstaling)   | DATE          |                                       |               |
| 12.   |   | OFFICERS AN            | D DIRECTO           | ~                   | 13.                     |                             |                                      | ADDITIONS/CHANGES TO OFFIC  | ERS AN        |                                       |               |
| TITLE   | D DATE BARRAS                                 |                        |                     | TT DEFETF           | 1 1 TOTALE              |                             |                                      |   |               | Change                                | [_] Addition  |
| NAME RICE, BARBARA A STREET ADDRESS 6740 TIBURON DRIVE  |   |                        |                     | 1.2 NAM(            |                         |                             |                                      |   |               |                                       |               |
| BOOK BATON EL BOLLO   |   |                        |                     |                     | 1.3 STREET ADDRESS      |                             |                                      |   |               |                                       |               |
| CITY-ST-ZIP<br>TITLE  | BOCK RATOR                                    | rl 33442               |                     | DELETE              | 1.4 CITY -<br>2.1 TO LE | S1 ·                        | · 70°                                |   |               | Change                                | Addition      |
| NAME  |   |                        |                     | DCCLAC              | 2.1 HILE<br>2.2 NAME    |                             | 1                                    |   |               | LJ Criange                            | [_] Moonion   |
| STREET ADDRESS  |   |                        |                     |                     | 2.2 NAME<br>2.3 STREE   |                             | ADDRI DE                             |   |               |                                       |               |
| CITY-ST-ZIP   |   |                        |                     |                     | 2.4 CITY                |                             |                                      |   |               |                                       |               |
| TITLE   |   |                        | <del>-</del>        | DECETE              | 3.1 HILE                | _                           | - 711                                |   |               | Change                                | Addition      |
| NAME  |   |                        |                     |                     | 32 NAME                 |                             |                                      |   |               |                                       |               |
| STREET ADDRESS  | İ   |                        |                     |                     | 33 S1RE                 | 1 A                         | ODRESS                               |   |               |                                       |               |
| CITY-ST-ZIP   |   |                        |                     |                     | 3 4. CITY               | - 51                        | . ZIP                                |   | -             |                                       |               |
| TITLE   |   |                        |                     | ☐ DELETE            | 4.1 TITLE               |                             |                                      |   |               | Change                                | Addition      |
| NAME  |   |                        |                     |                     | 4. 2 NAM                | E                           |                                      |   |               |                                       |               |
| STREET ADDRESS  |   |                        |                     |                     | 4.3 STREE               | 1 A                         | ADDRESS                              |   |               |                                       |               |
| CITY-ST-ZIP   |   | <del> </del>           |                     |                     | 4.4 CiTY -              | S1-                         | - 7IP                                |   |               | <del></del>                           |               |
| TITLE   |   |                        |                     | DELETE.             | 5.1 TITLE               |                             |                                      |   |               | Change                                | Addition      |
| NAME  |   |                        |                     |                     | 5.2 NAME                |                             |                                      |   |               |                                       |               |
| STREET ADDRESS  | ]   |                        |                     |                     | 5.3 STREI               |                             |                                      |   |               |                                       |               |
| CITY-ST-ZIP   | <del></del>                                   |                        |                     | DELETE              | 5.4 CITY -              |                             | - ZIP                                |   |               | Change                                | ☐ Addition    |
| TITLE   |   |                        |                     | בן טננונ            | 6.1 TITLE               |                             |                                      |   |               | m change                              | ריי אמטונופוז |
| NAME<br>CZOCEZ ADDDEGO  |   |                        |                     |                     | 62 NAME                 |                             | , popuec                             |   |               |                                       |               |
| STREET ADDRESS  |   |                        |                     |                     | 6.3 \$TRF               | i i A                       | 1)DRF 22                             |   |               |                                       |               |

14. I do 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.

uhah

**FILED** 

May 15 1997 8:00am

Secretary of State