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

FILED
Jun 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000044449

1. Corporation Name
Phoenix Group, Inc

Principal Place of Business
Same

Mailing Address
3582 Admirals Way
Delray Beach FL
33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business
21 Same
22 Suite, Apt. #, etc
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 3582 Admirals Way
27 Suite, Apt. #, etc
28 City & State: Delray Beach, FL
29 Zip: 33483
30 Country: USA

4. FEI Number: 65-0676176 ☐ 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

10. Name and Address of New Registered Agent
81 Name: BARBARA Ann Rice
82 Street Address (P.O. Box Number is Not Acceptable): 3582 Admirals Way
83
84 City: Delray Bch FL 85 Zip Code: 33483

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: Barbara Ann Rice (Signature, type or print name of person with authority to sign) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	BARBARA Ann Rice		12 NAME	
STREET ADDRESS	3582 Admirals Way		13 STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, FL 33483		14 CITY-ST-ZIP	
TITLE	Sec	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS	SAME AS Above		23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	
TITLE	Tres.	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP	SAME AS Above.		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	200002577932
STREET ADDRESS			53 STREET ADDRESS	-07/01/98--01054--042
CITY-ST-ZIP			54 CITY-ST-ZIP	***158.75
TITLE		☐ DELETE	61 TITLE	AR ☐ Change ☐ Addition
NAME			62 NAME	6/30
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 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: Barbara Ann Rice BARBARA Ann Rice 561-276-1993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (10/97)