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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000073755 (6)

PHACT PROJECTS, INC.

FILED Apr 18 1997 8:00am Secretary of State



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Principal Place of E	Business	Mailing Address	;			* 1001(00) III (0110 92111 00111 00111 00111	**********		
3131 CLINT MOORE ROAD #201 BOCA RATON FL 33496			3131 CLINT MOORE ROAD #201 BOCA RATON FL 33496-3341						
						3. Date Incorporated or Qualified 09/03/1996	3a. Dat	e of Last	Report
2. Principal Place	of Business	2a. Mailing Addre	ess			4. FEI Number		7	pplied For
21		26				65-069174		1	lot Applicable
Sulte, Apt. #, etc	C.	Suite, Apt. #,	etc.			5. Certificate of Status Desired			Additional Required
City & State		City & State	City & State			6. Election Campaign Financing	\$5.00 May Be		
Zip	Country	28 Zip		Country		Trust Fund Contribution	<u> </u>		to Fees
24	25	29	30	Odulliy		8. This corporation has liability for in Florida Statutes		ax under No	s. 199.032,
	Name and Address of Cur		[30]			10. Name and Address of New Reg			
	ERG, MICHAEL			81	Name	70	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	90	·
	INT MOORE ROAD #201								
	ATON FL 33496			82	Street Addr	ress (P.O. Box Number is Not Acceptable	e)		
000/10	MION I E 00100			83					
				84	Cau			[05] 7:	Code
				84	City		FL	85 Zig	Code
11. Pursuant to the office or registe agent. I am fan	ered agent, or both, in the Stamiliar with, and accept the ob-	ate of Florida. Such chang	ge was author	ized by t	по согрона	ion's board of directors, I hereby accept	тио арро	mondin a	
office or registe agent. I am fan SIGNATURE	ered agent, or both, in the Sta miliar with, and accept the ob- ture, typed or printed name of registrated	ate of Florida. Such chang oligations of, Section 607.0 sagent and title if applicable	ge was author 0505, Florida \$ (NOTE Bogis	ized by t Statutes.		red when reinstating)	DATE		
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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 this 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: Muhar State Luca DE CHIERE DE

4/14/97 561-984-9600