


FILED
Mar 11, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000073755

1. Corporation Name
PHACT PROJECTS, INC.



Principal Place of Business 3131 CLINT MOORE ROAD #201 BOCA RATON FL 33496	Mailing Address 3131 CLINT MOORE ROAD #201 BOCA RATON FL 33496
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3606 South Ocean Blvd		2a. Mailing Address 26 3606 South Ocean Blvd		4. FEI Number 65-0691741	Applied For Not Applicable
Suite, Apt. #, etc. 22 # 404		Suite, Apt. #, etc. 27 # 404		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 Highland Beach, FL		City & State 28 Highland Beach, FL		6. Election Campaign Financing, Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 33487		Zip 29 33487		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country 25 Palm Beach		Country 30 Palm Beach			

9. Name and Address of Current Registered Agent STEINBERG, MICHAEL 3131 CLINT MOORE ROAD #201 BOCA RATON FL 33496				10. Name and Address of New Registered Agent	
				81 Name	Michael Steinberg
				82 Street Address (P.O. Box Number is Not Acceptable)	3606 South Ocean Blvd, # 404
				83	
				84 City	Highland Beach FL
				85 Zip Code	33487

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: Michael Steinberg DATE: 3/1/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINBERG, MICHAEL	1.2 NAME	Michael Steinberg
STREET ADDRESS	3131 CLINT MOORE ROAD #201	1.3 STREET ADDRESS	3606 South Ocean Blvd, #404
CITY-ST-ZIP	BOCA RATON FL 33496	1.4 CITY-ST-ZIP	Highland Beach, FL 33487
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Michael Steinberg DATE: 3/27/99 DAYTIME PHONE #: 561-265-1480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)