


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

03-11-1999 90068 020 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
--	---	---

**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
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3606 South Ocean Blvd</b> Suite, Apt. #, etc. 22 <b>#404</b> City & State 23 <b>Highland Beach, FL</b> Zip 24 <b>33487</b>		2a. Mailing Address 26 <b>3606 South Ocean Blvd</b> Suite, Apt. #, etc. 27 <b>#404</b> City & State 28 <b>Highland Beach, FL</b> Zip 29 <b>33487</b>		4. FEI Number <b>65-0691741</b>		Applied For <input type="checkbox"/> Not Applicable
3. Date Incorporated or Qualified <b>09/03/1996</b>		5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required		
6. Election Campaign Financing. <input type="checkbox"/>		5.00 May Be Added to Fees		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

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 *Michael Steinberg*

(NOTE: Registered Agent signature required when reinstating)

DATE **3/1/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME STEINBERG, MICHAEL STREET ADDRESS 3131 CLINT MOORE ROAD #201 CITY-ST-ZIP BOCA RATON FL 33496	<input type="checkbox"/> DELETE	1.1 TITLE P 1.2 NAME Michael Steinberg 1.3 STREET ADDRESS 3606 South Ocean Blvd., #404 1.4 CITY-ST-ZIP Highland Beach, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/27/99**Daytime Phone # **561-265-1480**

CR2E034 (1/98)