


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

03-11-1999 90068 020 ***150.00

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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.



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| 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 | | | |

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|---|--|--|--|--|--|
| 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 P | <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)