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04-27-1999 90137 038 ***158.75



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS					
DOCUMENT # P97000006316 1. Corporation Name THE PHOENIX PUBLISHING GROUP INC.							
Principal Place of Business 540 CARILLON PARKWAY #3065 ST PETERSBURG FL 33716		Mailing Address 540 CARILLON PARKWAY #3065 ST PETERSBURG FL 33716					
DO NOT WRITE IN THIS SPACE							
2. Principal Place of Business 21 5700 Memorial Hwy Suite, Apt. #, etc. 22 Suite 213 City & State 23 Tampa, FL Zip 24 33615 Country 25 USA		2a. Mailing Address 26 5700 Memorial Hwy Suite, Apt. #, etc. 27 Suite 213 City & State 28 Tampa FL Zip 29 33615 Country 30 USA					
3. Date Incorporated or Qualified 01/16/1997		4. FEI Number 59-2342261 Applied For No Applicable					
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
7. 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 FLEMM, WILLIAM S 540 CARILLON PARKWAY #3065 ST PETERSBURG FL 33716		10. Name and Address of New Registered Agent 81 Name FLEMM, William S 82 Street Address (P.O. Box Number is Not Acceptable) 540 CARILLON PARKWAY #3065 83 ST PETERSBURG, FL 33716 84 City FL 85 Zip Code					
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12. OFFICERS AND DIRECTORS TITLE D NAME WILLIAM S. FLEMM, STREET ADDRESS 540 CARILLON PARKWAY #3065 CITY-ST-ZIP ST PETERSBURG FL 33716 [DELETE] [DELETE] [DELETE] [DELETE] [DELETE] [DELETE]				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE [Change] [Addition] 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE [Change] [Addition] 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE [Change] [Addition] 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE [Change] [Addition] 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE [Change] [Addition] 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE [Change] [Addition] 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (11/98)