## **FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**PROFIT CORPORATION** ANNUAL REPORT



ELORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000045417 (7)

PHOENICIA INTERNATIONAL CONSULTING, INC.

## **FILED** Jan 15 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 3148 VINELAND ROAD (S.R. 535) 3148 VINELAND ROAD (S.R. 535) KISSIMMEE FL 34746 KISSIMMEE FL 34746 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/19/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number AS ABOVE Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SWART, HARRY J CPA Emile BOUAR 1 717 EAST OAK STREET Street Address (P.O. Box Number is Not Acceptable 13103 MYLLEREY PAIL 1 # 8210 KISSIMMEE FL 34744 83 7μ Code 32821 Pursuant to the provisions of Sections 607.0502 and 607.1508. Horida Statutes, the a
office or registered agent, or both, in the State of Florida. Such change was authorize
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Sta pove named corporation submits this statement for the purpose of changing its registered. I by the corporation's board of directors. Thereby accept the appointment as registered. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change \_\_\_\_\_ Addition TITLE **BOUARI. EMILE EDWARD** NAME 1.2 NAME **3148 VINELAND ROAD (S.R. 535)** STREET ADDRESS 1.3 STREET ADDRESS KISSIMMEE FL 34746 CITY-ST-ZIP 1.4 C(1Y - S1 - Z)P DELETE Change Addition TITLE 2.1 70118 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 1016 NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY+ \$1 - ZIP DELETE Change Addition TITLE 4.1 1000 NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIF DELETE Change Addition TITLE 5.1 1011 NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 C:1Y - ST - ZIP DELETE 6 1 1 11 1 Add tion NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 his 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.

CIGNATURE.

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