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

PROFIT Sep 09 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B, Mortham MANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name P97000072940 (4) PHOENIX CONSULTING GROUP, INC. Principal Place of Business Mailing Address OCA RATION BLVD DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/18/1997 2a. Mailing Address Applied For Same Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible 25 US H 29 9. Name and Address of Current Registered Agent Personal Property Tax due June 30. Yes 30 10. Name and Address of New Registered Agent 81 THOMAS, DONALD J 4730 NW BOCA RATON BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 200 R3 **BOCA RATON FL 33431** 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 appeal to obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent's gnature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition DELETE TITLE 1.1 TITLE NAME THOMAS, DONALD J 1.2 NAME 1200 N. Federal Hwy., Ste. 312 STREET ADDRESS 4730 NW BOOA RATON BLVD SUITE 200 1.3 STREET ADDRESS BOCA-RATON FL-00491 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE NAME **LUANGKHOT, SARINA** 2.2 NAME 4730 NW BOCA RATON BLVD SUITE 200-STREET ADDRESS 2.3 STREET ADDRESS as above BOGA RATON FL-33491 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 31 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. Chty - ST - 7(P CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$1-7IP 4.4 CITY - ST - ZIP Change TITLE DELETE Addition 5.1 TILLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CHTY-ST-70P Change TITLE DELETÉ 61 THTLE Addition

6.4 CITY - ST-ZIP 14. Thereby 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 eath; 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.

6.2 NAME

6.3 STREET ADDRESS

STREET ADDRESS

SIGNATURE

President

***550.00

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