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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000020494

PHASE ONE RESOURCES, INC.

## **FILED** Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90064 026 \*\*\*150.00



Principal Place of Business Mailing Address								
16337 SW 2ND DRIVE 16337 SW 2ND DRIVE						J		
PEMBROKE PINES FL 33027 PEMBROKE PI			KE PINES FL 33027			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						03/02/1998		}
2. Principal P	lace of Business	2a. Mailing A	ddress			4. FEI Number	Apr	olied For
21		26				45-0827219	Not	Applicable
Suite, Apt.	#, etc.	Suite, Ap	ot. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27				3. Certificate of Status Desired	Fee Rec	quired
City & Stat	re	City & St	ate			6. Election Campaign Financing	\$5.00	May Be
23		28		<u>.</u>		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	_	Country		8. This corporation owes the current year Intang		
24	25	29	3	0				□No
<u> </u>	9. Name and Address of Cur	rent Registered Age	ent	81	Name	10. Name and Address of New Registered Ag	ant	
DOY	LE, FRANK P				(Valific			
16337 SW 2ND DRIVE				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
PEMBROKE PINES FL 33027				83	ļ			
				53				
				84	City		85 Zip C	ode
44 0	to the manifeless of Continue 607 (	1502 and 607 1500 t	Tarida Ctatutan	the about	2 22 22 22	propration submits this statement for the purpose of cha	anging its	ragistared
office or r	registered agent, or both, in the Starm familiar with, and accept the obl	ate of Florida. Such c	hange was auti	horized by	the corpora	ation's board of directors. I hereby accept the appointment	ent as reg	istered
SIGNATURE								
<u> </u>	Signature, typed or printed name of registered		(NOTE: R		it signature requ	Jired when reinstating) DATE		20.0140
12.		AND DIRECTORS	DELETE	13.	·	ADDITIONS/CHANGES TO OFFICERS AND I	Change	Addition
TITLE	DOVIE EDANK BIN	L	1) DETEKE	1.1 TITLE		_	1 Cuaride	
NAME	DOYLE, FRANK P III			1.2 NAME				{
STREET ADDRESS	16337 SW 2ND DRIVE	•		1.3 STREE				
CITY-ST-ZIP	PEMBROKE PINES FL 33027		] DELETE	1.4 CITY-S	T-ZIP		Change	Addition
TITLE		L	7 DELETE	2.1 TITLE	1	L	1 Change	
NAME				2.2 NAME				Į
STREET ADDRESS				2.3 STREE				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	T DECETE	2. 4 CITY-5	IT-ZIP		7 Change	- C Addition
TITLE		L	DELETE	3.1 TITLE		L	] Change	Addition
NAME				3.2 NAME				ļ
STREET ADDRESS				3.3 STREE	ł			
CITY-ST-ZIP	<u> </u>		7 DELETE	3.4. CITY-S	T-ZIP		) Charma	
TITLE		L	OELETE	4.1 TITLE		L	Change	☐ Addition
NAME				4.2 NAME	J			
STREET ADDRESS				4.3 STREE	1			1
CITY-ST-ZIP			7.051575	4.4 CITY- S	T-ZIP		7 Char	- Addison
TITLE		L	DELETE	5.1 TITLE		L	] Change	Addition
NAME.				5.2 NAME	ADDDESS	1		ſ
STREET ADDRESS				5.3 STREET	1			Ì
CITY-ST-ZIP			1 per ere	5.4 CITY-S	I-ZIP	<u></u>	7.01	
TITLE		L	DELETE	6.1 TITLE	İ	L	] Change	Addition
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET				Į.
COVET 710	J.			6.4 CITY-S	T-71P J			J

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 the attachment with an address, with all other like empowered.

**SIGNATURE:**