

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

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90120 007 \*\*\*150.00

DOCUMENT # P98000071711

1. Corporation Name  
PHOENIX FUNDING, INC.

Principal Place of Business  
C/O BROAD AND CASSEL  
500 E BROWARD BLVD. STE 1130  
FORT LAUDERDALE FL 33394

Mailing Address  
C/O BROAD AND CASSEL  
500 E BROWARD BLVD. STE 1130  
FORT LAUDERDALE FL 33394

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1998

4. FEI Number

65-0894858

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 19860 SAWGRASS DRIVE

Suite, Apt. #, etc.

22 VILLA 6001

City & State

23 BOCA RATON, FLORIDA

Zip

24 33434

Country

25 U.S.A.

2a. Mailing Address

26 19860 SAWGRASS DRIVE

Suite, Apt. #, etc.

27 VILLA 6001

City & State

28 BOCA RATON, FLORIDA

Zip

29 33434

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

PHILLIPPI, WILLIAM C  
C/O BROAD AND CASSEL  
500 E BROWARD BLVD, STE 1130  
FORT LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P/C/D

JOE COATES

128 SOUTH C STREET

LAKE WORTH, FLORIDA 33460

V/D

MILTON STEINHOFF

5351 BROOKVIEW DRIVE

BOYNTON BEACH, FLORIDA 33437

F/S/D

SAM WEISS

19860 SAWGRASS DR., VILLA 6001

BOCA RATON, FLORIDA 33434

D

JOSEPH ELOVITZ

2901 SOUTH OCEAN BLVD APT 404

HIGHLAND BEACH, FLORIDA 33487

D

STEVE TUMIN

3221 SOUTH OCEAN BLVD APT 708

HIGHLAND BEACH, FLORIDA 33487

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 a power of attorney.

SIGNATURE: Joe Coates, P/S/D JOE COATES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 233-OC 20 EXT 347

Date

Daytime Phone #

CR2E034 (11/98)

0319318