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

**CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # S00830

(7)

PHOENIX TECH, INC.

## **FILED** Apr 02 1997 8:00am Secretary of State



Principal Place of Businoss Mailing Address					1 (33) (31) (31) (31) (31) (31)	## #### #### ##	811 <b>919</b> 11 <b>919</b> 11	T1011 1981
7533 JOMEL D SPRINGHILL FL	rive L 34607	7533 JOMEL DRIVE SPRINGHILL FL 34607-20	018					
					3, Date Incorporated or Qualifie		ite of Last F	leport
6 Dringing!	Diago of Freelinger	Tan Marihan Addanas			09/14/1990 4. FEI Number	12/1	9/1996	
2. Principal Place of Business		2a. Mailing Address	F-5			Applied For Not Applicable		
Suite, Apt	# alc	Suite, Apt. #, etc.		\$2.75 Additional				
22		F1 ' '	27		5. Certificate of Status Desired	Fee Required		
City & State		City & Stato	ed and sure and a comment of the com		6. Election Campaign Financing	Financing \$5.00 May Be		
23		28	28		Trust Fund Contribution			
Zip Country		Zip Country		ry	8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30		Florida Statutes	Yes [		
<del></del>	g, Name and Address of Curre	ent Registered Agent			10. Name and Address of New	Registered /	Agent	
	IMAN, FAWZI M.		8	1 Name				
	3 JOMEL DRIVE		8	2 Street Add	ddress (P.O. Box Number is Not Acceptable)			
SPR	INGHILL FL 34607		83				<del></del>	
			ľ	3	•			
			8	4 City		FL	<b>85</b> Zip	Code
11. Pursuani	to the provisions of Sections 607.05	02 and 607,1508, Florida Sta	lutes, the abo	ve-named cor	rporation submits this statement for th		changing if	ts registered
office or	registered agent, or both, in the State am familiar with, and account the oblid	e of Florida. Such change wa dations of Section 607 0505	is authorized l Elorida Statut	by the corpora	rporation submits this statement for thation's board of directors. I hereby ac	cept the app	ointment as	registered
SIGNATURE		gament of occasi correcce,	Tionna otata	00.				
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable (1	IOTE: Registered A	gent signature requ	uired when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND		
TITLE	DO	☐ DCLFTE	1.1 THE				Change	☐ Addition
NAME	SOLIMAN, FAWZI M.		1.2 NAMI					
STREET ADDRESS				E1 ADDRESS				
CITY-ST-ZIP TITLE	SPRINGHILL FL 34607	DELETE	1.4 CHY 2.1 THE				Change	Addition
NAME	SO   SOLIMAN, MAUREEN		2.2 NAMI					L.J Madition
STREET ADDRESS				E1 ADDRESS				
CHY-SI-ZIP	SPRINGHILL FL 34607		2.4 C/1Y					
TOTLE	OI THITOIREE TE OTOOT	DELETE	3.1 TITLE		er igen av jan jan 1900 in søgs som i som ørdense mede meder i minne de den sens en		Change	Addition
NAME			3.2 NAM				•	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			3.4. CITY	- ST- ZIP				
TITLE		DLLETE	4.1 TITLE				Change	Addition
NAME			4, 2 NAM	E				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP		ere care a la company de la co	4.4 CITY	- ST- ZIP				
TITLE		DELETE	5.1 1111.6				☐ Change	Addition
NAME			5.2 NAM	:				
STREET ADDRESS				E1 ADDRESS				
CITY-ST-ZIP		The second	5.4 CITY					
TITLE		DELETE	6.1 THTLE				☐ Change	Addition
NAME			6.2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	<u> </u>		6.4 CITY	- \$1 - 2/P				

14. I do 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 armual report or supplemental annual report is fact and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or circular to couplation or the receiver of trustee emprovered to execute this report as required by Chapter 607, Florida Statutes; and that my name