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 # **S02880**

1. Corporation Name

PHOENIX SALES, INC.

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90076 050 ***150.00



					<u> </u>		/	
Principal Place of Business Mailing Address								+ ,
716B INDUSTRY RD 716B INDUSTRY RD								
LONGWOOD FL 32750 LONGWOOD FL 32750						DO NOT WRITE IN THIS SPACE		
ļ						3. Date Incorporated or Qualifed	TO THE OF ACE	 }
						09/26/1990		
		To Market Address				4. FEI Number	An	olied For
2. Principal Place of Business - 2a. Mailing Address								Applicable
26						59-3026050	\$8.75 A	
Suite, Apt. #, etc.						5. Certificate of Status Desired	JO.75 A	
27 - 27 - Ch. 8 State								
City & State						6. Election Campaign Financing	\$5.00 Added to	
23		28	Country			Trust Fund Contribution		7 - 662
Zip	Country	├ ── `	Zip Country			8. This corporation owes the current		□No
24	25 29		30			Personal Property Tax. Li Yes Li No 10. Name and Address of New Registered Agent		
	9. Name and Address of Curr	rent Registered Agent		04 6		10. Name and Address of New Regi	Stereu Agent	
l vro	TAI MICHAELE			81	Name		_	
VESTAL, MICHAEL E				82 Street Address (P.O. Box Number is Not Acceptable))		
201 E PINE ST								
STE 801				83				l
) ORL	ANDO FL 32801			84 (85 Zip C	ode
İ					Unty		FL	
SIGNATURE	Signature, typed or printed name of registered		<u>-</u> -	Agent sig	gnature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTO	RS IN 12
12.				13.		ADDITIONS/CHANGES TO OFFICE	Change	Addition
TITLE	DTP	L. DELETE	1.1 ππ				onlingo	
NAME	HALL, F. SCOTT			1.2 NAME				
STREET ADDRESS			1.3 STF	REETAD	DRESS			
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP			Change	[] Addition
TITLE	DVS DELETE			2.1 TITLE			[_] Criange	☐ Vagagou
NAME	SCHAUER, PAUL A.			2.2 NAME				
STREET ADDRESS				2.3 STREET ADDRESS				
CITY-ST-ZIP	ROCKLEDGE FL		_	Y-ST-Z				~:.
-TITLE		DELETE-	3.1 ΠΠ	LE	* 1 =		· · · U Change	Addition
NAME			3.2 NA	ME.	-			:
STREET ADDRESS			3.3 STF	REETAD	ORESS			
CITY-ST-ZIP			3.4. CII	Y-ST-Z	ZIP			
TITLE		☐ DELETE	4.1 TIT	LE	Ì		Change	☐ Addition
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STF	REETAD	DRESS			
CITY-ST-ZIP	}		4.4 CIT	Y-ST-Z	IP L			
TITLE	☐ DELETE		5.1 TIT	5.1 TITLE		,	Change	Addition
NAME			5.2 NA	ME				
STREET ADDRESS		*	5.3 STI	REETAD	ODRESS			
CITY-ST-ZIP		**	5.4 C/T	Y-ST-Z	3P			
TITLE		☐ DELETE	6.1 TiT	LE			☐ Change	Addition
NAME			6.2 NA	ME	Ì			
1					ODRESS			
STREET ADDRESS	1			Y-ST-Z				
C/TY-ST-ZIP	}		0.1011	1-01-5	-" ì			

14. I hereby certify that the information supplied with this tring 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 suppliemental annual report in the end 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 trusted impowered 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 or an attachment with a address, with all other like engowered.

SIGNATURE:

President Vocy

4/8/99 407-831-1499

Daytime Phone #