

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MAXIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 14:11:32

DOCUMENT # S18100 (5)
1. Corporation Name
PHOENIX DEVELOPMENT & CONSTRUCTION CO., INC.

Principal Place of Business Mailing Address
9921 S.W. 143 ST.
SUITE 403
MIAMI FL 33176
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/13/1990 3a. Date of Last Report 05/20/1994
4. FEI Number NOT APPLICABLE Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

BURTON, RICHARD J
1815 GRIFFIN RD
SUITE 403
DANIA FL 33004

10. Name and Address of New Registered Agent

81 Name ALLEN FARRINGTON
82 Street Address (P.O. Box Number is Not Acceptable) 9921 SW 143 ST
83
84 City MIAMI FL 85 Zip Code 33176

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

Allen Farrington

6/12/95

(Signature, typed or printed name of registered agent and date of appointment)

(NOTE: Registered Agent signature required after reinstatement)

DATE

OFFICERS AND DIRECTORS

12.	13.
TITLE	1. TITLE
NAME	12. NAME
STREET ADDRESS	13. STREET ADDRESS
CITY ST ZIP	14. CITY ST ZIP
TITLE	2. TITLE
NAME	22. NAME
STREET ADDRESS	23. STREET ADDRESS
CITY ST ZIP	24. CITY ST ZIP
TITLE	3. TITLE
NAME	32. NAME
STREET ADDRESS	33. STREET ADDRESS
CITY ST ZIP	34. CITY ST ZIP
TITLE	4. TITLE
NAME	42. NAME
STREET ADDRESS	43. STREET ADDRESS
CITY ST ZIP	44. CITY ST ZIP
TITLE	5. TITLE
NAME	52. NAME
STREET ADDRESS	53. STREET ADDRESS
CITY ST ZIP	54. CITY ST ZIP
TITLE	6. TITLE
NAME	62. NAME
STREET ADDRESS	63. STREET ADDRESS
CITY ST ZIP	64. CITY ST ZIP

13.	14.
1. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY ST ZIP	☐ Change ☐ Addition
2. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY ST ZIP	☐ Change ☐ Addition
3. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY ST ZIP	☐ Change ☐ Addition
4. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY ST ZIP	☐ Change ☐ Addition
5. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY ST ZIP	☐ Change ☐ Addition
6. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY ST ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(b), 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 addition.

SIGNATURE:

Allen Farrington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/95

305-223-7060
(Corporate Phone #)