# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S31952** **(2)**

1. Corporation Name

**PHOENIX CAPITAL, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 10006 N. DALE MABRY<br>STE 213<br>TAMPA FL 33618<br>US | 10006 N DALE MABRY<br>STE 213<br>TAMPA FL 33618<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1991
3a. Date of Last Report: 02/09/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 800 SARASOTA QUAY | 26 800 SARASOTA QUAY |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 SARASOTA, FL. | City & State 28 SARASOTA FL. |
| Zip 24 34236 Country 25 U.S. | Zip 29 34236 Country 30 U.S. |

4. FEI Number: 59-3053413 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

KAGAN, EDWIN B.
2709 ROCKY POINT DRIVE
SUITE 102
TAMPA FL 33607

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 _____ (DATE)
Signature required for the named registered agent and the officer or director. NOTE: Registered agent signature required when name changed.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PS | 11 TITLE | ☐ Change ☐ Addition |
| NAME | TICHENOR, ROGER | 12 NAME | |
| STREET ADDRESS | 10014 N DALE MABRY #101 | 13 STREET ADDRESS | |
| CITY ST ZIP | TAMPA FL | 14 CITY ST ZIP | |
| TITLE | VT | 21 TITLE | ☐ Change ☐ Addition |
| NAME | MEIER, LEE | 22 NAME | |
| STREET ADDRESS | 10014 N DALE MABRY #101 | 23 STREET ADDRESS | |
| CITY ST ZIP | TAMPA FL | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by an attachment with an address.

**SIGNATURE:** _____ 2/20/95 (813)957-1009.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0298413 CP