

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
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90071 027 ***150.00

DOCUMENT # S56688

1. Corporation Name

PHOENIX PROPERTIES OF PALM BEACH COUNTY, INC.

Principal Place of Business

703 LUCERNE AVE
STE 206
LAKE WORTH FL 33460
US

Mailing Address

PO BOX 813
SUITE 905-327
LAKEWORTH FL 33460
US

2. Principal Place of Business

21 107 "J" street S

Suite, Apt. #, etc.

22 Suite C

City & State

23 LAKE WORTH, FLORIDA

Zip

24 33460

Country

25 U.S.A.

2a. Mailing Address

26 107 "J" street S

Suite, Apt. #, etc.

27 SUITE C

City & State

28 LAKE WORTH, FLORIDA

Zip

29 33460

Country

30 U.S.A.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1991

4. FEI Number

65-0276186

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

9. Name and Address of Current Registered Agent

DAVID SCOTT RINKER

9632 GRAY HAWK WAY

APT 8345

LAKEWORTH FL 33467

10. Name and Address of New Registered Agent

81 Name DAVID SCOTT RINKER

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

107 "J" STREET S

83 SUITE C

84 City LAKE WORTH

FL

85 Zip Code 33460

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

DAVID SCOTT RINKER, PRESIDENT

04-20-1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME RINKER, DAVID S

STREET ADDRESS 9632 GRAY HAWK WAY

CITY-ST-ZIP LAKEWORTH FL 33467

TITLE ☒ DELETE

NAME RINKER, JANICE-M

STREET ADDRESS 9632 GRAY HAWK WAY

CITY-ST-ZIP LAKEWORTH FL 33467

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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 ☒ Change ☐ Addition

1.2 NAME RINKER, DAVID S.

1.3 STREET ADDRESS 107 "J" street S SUITE C

1.4 CITY-ST-ZIP LAKE WORTH, FL 33460

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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 all other like empowered.

SIGNATURE: DAVID SCOTT RINKER

04-20-99 (561) 714-5429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

CRZE034 (11/98)

00952748