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May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V22377 (8)

1. Corporation Name  
PHOENIX ASSOCIATES OF SOUTH FLORIDA, INC.



Principal Place of Business

4100 CORPORATE SQUARE  
125  
NAPLES FL 33942  
US

Mailing Address

4100 CORPORATE SQUARE  
125  
NAPLES FL 34104-4703  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 34104 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 34104 30

3. Date Incorporated or Qualified

03/19/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0319840

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

KEVIN MCVICKER  
4100 CORPORATE SQUARE, SUITE 125  
SUITE 207  
NAPLES FL 33942

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

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 PD  
NAME MOSHER, STAN  
STREET ADDRESS 4100 CORPORATE SQUARE, SUITE 125  
CITY-ST-ZIP NAPLES FL

DELETE

TITLE VD  
NAME HOWELL, BRIAN  
STREET ADDRESS 4100 CORPORATE SQUARE, SUITE 125  
CITY-ST-ZIP NAPLES FL

DELETE

TITLE STD  
NAME MCVICKER, KEVIN  
STREET ADDRESS 4100 CORPORATE SQUARE, SUITE 125  
CITY-ST-ZIP NAPLES FL

DELETE

TITLE VD  
NAME JOHNS, RANDY  
STREET ADDRESS 4100 CORPORATE SQUARE, SUITE 125  
CITY-ST-ZIP NAPLES FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KEVIN MCVICKER

SECRET/TREAS.

4/26/97

941-435-0533

CR2E034 (9/96)