

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V22377** (8)
1. Corporation Name
PHOENIX ASSOCIATES OF SOUTH FLORIDA, INC.

Principal Place of Business 4100 CORPORATE SQUARE 125 NAPLES FL 34104 US	Mailing Address 4100 CORPORATE SQUARE 125 NAPLES FL 33942 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1786 TRADE CENTER WAY Suite, Apt. #, etc. 22 # 2 City & State 23 NAPLES, FL Zip 24 34109 Country 25 US		2a. Mailing Address 26 1786 TRADE CENTER WAY Suite, Apt. #, etc. 27 # 2 City & State 28 NAPLES, FL Zip 29 34109 Country 30 US		3. Date Incorporated or Qualified 03/19/1992	4. FEI Number 65-0319840 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

**KEVIN MCVICKER
1786 TRADE CENTER WAY
UNIT #2
NAPLES FL 34109**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MOSHER, STAN	1.2 NAME	MOSHER, STAN
STREET ADDRESS	4100 CORPORATE SQUARE, SUITE 125	1.3 STREET ADDRESS	1786 TRADE CENTER WAY #2
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES, FL 34109
TITLE	VD	2.1 TITLE	VD
NAME	HOWELL, BRIAN	2.2 NAME	HOWELL, BRIAN
STREET ADDRESS	4100 CORPORATE SQUARE, SUITE 125	2.3 STREET ADDRESS	1786 TRADE CENTER WAY #2
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES, FL 34109
TITLE	STD	3.1 TITLE	STD
NAME	MCVICKER, KEVIN	3.2 NAME	MCVICKER, KEVIN
STREET ADDRESS	4100 CORPORATE SQUARE, SUITE 125	3.3 STREET ADDRESS	1786 TRADE CENTER WAY #2
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	NAPLES, FL 34109
TITLE	VD	4.1 TITLE	VD
NAME	JOHNS, RANDY	4.2 NAME	JOHNS, RANDY
STREET ADDRESS	4100 CORPORATE SQUARE, SUITE 125	4.3 STREET ADDRESS	1786 TRADE CENTER WAY #2
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	NAPLES, FL 34109
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (10/97)