

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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90188 008 ***158.75

DOCUMENT # V22377

1. Corporation Name

PHOENIX ASSOCIATES OF SOUTH FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1786 TRACE CENTER WAY SUITE 2 NAPLES FL 34109 US		Mailing Address 1786 TRACE CENTER WAY SUITE 2 NAPLES FL 34109 US	
2. Principal Place of Business 21 1786 TRADE CENTER WAY Suite, Apt. #, etc.		2a. Mailing Address 26 1786 TRADE CENTER WAY Suite, Apt. #, etc.	
22 City & State 23		27 City & State 28	
24 Zip 25 Country		29 Zip 30 Country	
3. Date Incorporated or Qualified 03/19/1992		4. FEI Number 65-0319840	
5. Certificate of Status Desired X \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. Yes No		8. This corporation owes the current year Intangible Personal Property Tax. Yes 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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 MOSHER, STAN 1786 TRADE CENTER WAY, #2 NAPLES FL 34109	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD HOWELL, BRIAN 1786 TRADE CENTER WAY, #2 NAPLES FL 34109	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD MCVICKER, KEVIN 1786 TRADE CENTER WAY, #2 NAPLES FL 34109	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD JOHNS, RANDY 1786 TRADE CENTER WAY, #2 NAPLES FL 34109	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.13.99

596-9111

Date

Daytime Phone #

CR2E034 (11/98)