1-18-95 - B- 0123 - NC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 AM 8:35

DOCUMENT # V49136 (7)

1. Corporation Name
PHOENIX RAILWAY SERVICE COMPANY, INC.

Principal Place of Business
690 N.W. 217 TERRACE
PEMBROKE PINES FL 33029

Mailing Address
P.O. BOX 820408
SOUTH FLORIDA FL 33082
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1992
3a. Date of Last Report: 06/13/1994
4. FEI Number: 65-0349841 — Applied For / Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24; Country — 25; Zip — 29; Country — 30

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
JEFFERS, DAVID
690 N.W. 217 TERRACE
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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

12. OFFICERS AND DIRECTORS

TITLE	PVT
NAME	JEFFERS, DAVID N
STREET ADDRESS	690 N.W. 217 TERRACE
CITY ST ZIP	PEMBROKE PINES FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

		Change	Addition
1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY ST ZIP		[ ]	[ ]
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY ST ZIP		[ ]	[ ]
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY ST ZIP		[ ]	[ ]
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY ST ZIP		[ ]	[ ]
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY ST ZIP		[ ]	[ ]
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 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 on an attachment with an address.

SIGNATURE: David N Jeffers DAVID N JEFFERS 1-12-95 800-901-2560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0420346 FP