

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

FILED
Mar 19 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 # 547224 (6)
 1. Corporation Name
FRANKLIN H. FOX CO., INC.



Principal Place of Business Mailing Address
165 PERUVIAN AVE. 165 PERUVIAN AVE.
PALM BEACH FL 33480 PALM BEACH FL 33480-4426

3. Date Incorporated or Qualified **09/09/1977** 3a. Date of Last Report **02/08/1996**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt #, etc.		Suite, Apt #, etc.		59-1783223	Not Applicable
22	22. City & State	27	27. City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	23. Zip	28	28. Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	24. Country	29	29. Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
FOX, FRANKLIN H.
165 PERUVIAN AVE.
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FOX, FRANKLIN H.	
STREET ADDRESS	165 PERUVIAN AVE.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALBRECHT, STUART	
STREET ADDRESS	31 STRATTON RD.	
CITY-ST-ZIP	SCARSDALE, NY.	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ALBRECHT, PRISCILLA	
STREET ADDRESS	31 STRATTON RD.	
CITY-ST-ZIP	SCARSDALE, NY.	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GERSCHEL, ELIZABETH	
STREET ADDRESS	1107 FIFTH AVE.	
CITY-ST-ZIP	NEW YORK, NY.	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILLIAMS, WENDY	
STREET ADDRESS	8200 BEACHTREE RD.	
CITY-ST-ZIP	BETHESDA, NY.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOX, LEONORE	
STREET ADDRESS	165 PERUVIAN AVE.	
CITY-ST-ZIP	PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ Date: **3/11/97** System Phone #: **914 723 8761**

CR2E034 (9/96)