


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 547224 1. Entity Name FRANKLIN H. FOX CO., INC.	
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Principal Place of Business C/O BOOSE CASEY 515 N FLAGLER DR SUITE 1800 WEST PALM BEACH, FL 33401	Mailing Address C/O BOOSE CASEY 515 N FLAGLER DR SUITE 1800 WEST PALM BEACH, FL 33401
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01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1783223	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBRECHT, STUART
C/O BOOSE CASEY CIRCLE
515 N. FLAGLER DRIVE #1800
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

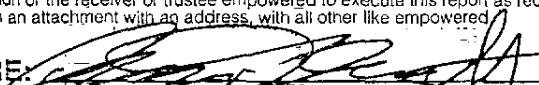
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBRECHT, STUART 31 STRATTON RD. SCARSDALE, NY.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALBRECHT, PRISCILLA 31 STRATTON RD. SCARSDALE, NY.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GERSCHEL, ELIZABETH 1107 FIFTH AVE. NEW YORK, NY.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, WENDY 8200 BEACHTREE RD. BETHESDA, NY.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000243700
02/25/05-80049-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 2/20/05 DAYTIME PHONE # _____