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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000020033 (5)

FOX AND HOUNDS, INC.

Principal Place of Business Mailing Address 4812-4816 N DIXIE HWY 4812-4816 N DIXIE HWY OAKLAND PARK FL OAKLAND PARK FL 33334-3929 3. Date Incorporated or Qualified 3a. Date of Last Report 03/17/1993 03/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0395612 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees ZipCountry Zip Country 8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TOWNER, MICHAEL D 81 Name 1995 E OAKLAND PARK BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 330 FT LAUDERDALE FL 33306 83 84 City 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typical or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. Change DELETE 1.1 TITLE Addition TITLE HUTCHENSON, GUY NAME 1.2 NAME 4812-4816 N DIXIE HWY STREET ADDRESS 1.3 STREET ADDRESS OAKLAND PARK FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE Change NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CHTY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS DITY-ST-ZIE 3.4. CITY - ST-ZIP □ DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CHTY-ST-ZIP CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

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

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

SIGNATURE:

appears in Block 12 or Block

CITY-ST-ZIP

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OF DIFFECTOR

13 if changed, or or

1/16/97

(954) 491-8869

FILED

Jan 24 1997 8:00am

Secretary of State

Daytime Phone #