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Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90033 005 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000057614

1. Corporation Name  
COX INDUSTRIAL RESOURCES, INC.



Principal Place of Business 901 NW 5TH AVE FT LAUDERDALE FL 33311	Mailing Address 901 NW 5TH AVE FT LAUDERDALE FL 33311
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2133 W McNab Rd Suite, Apt. #, etc.		2a. Mailing Address 26 2133 W. McNab Rd. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/26/1998	
22 City & State 23 Pompano Beach, FL		27 City & State 28 Pompano Beach, FL		4. FEI Number 65-0850956 Applied For Not Applicable	
24 33069 25 USA		29 33069 30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Pompano Beach, FL		28 Pompano Beach, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33069 25 USA		29 33069 30 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent COX, CLYDE 901 NW 5TH AVE FT LAUDERDALE FL 33311				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) 2133 W. McNab Rd.			
83				84 City Pompano Beach FL			
				85 Zip Code 33069			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	1.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME COX, CLYDE	1.2 NAME COX, CLYDE
STREET ADDRESS 901 NW 5TH AVE	1.3 STREET ADDRESS 2133 W. McNab Rd.	CITY-ST-ZIP FT LAUDERDALE FL 33311	1.4 CITY-ST-ZIP Pompano Beach, Fla. 33069
TITLE	2.1 TITLE	NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE	3.1 TITLE	NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE	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)(l), 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: M. Clyde Cox M. CLYDE COX Date: 1/29/99 305 / 947 / 4603  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)