


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 03, 2008 8:00 am**  
**Secretary of State**

09-03-2008 90004 045 \*\*\*550.00

**DOCUMENT # 292359**


1. Entity Name  
**JOEL FOX, INC.**



Principal Place of Business      Mailing Address  
**4220 NE 25 AVE**      **4220 NE 25 AVE**  
**FORT LAUDERDALE, FL 33308-5707**      **FORT LAUDERDALE, FL 33308-5707**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country



08052008      Chg-P      CR2E034 (12/06)

6. Name and Address of Current Registered Agent  
**FOX, JOEL** → *Deceased 7/7/08*  
**4220 NE 25 AVE**  
**FORT LAUDERDALE, FL 33308-5707**

7. Name and Address of New Registered Agent  
 Name *Camille Fox*  
 Street Address (P.O. Box Number is Not Acceptable)  
*4220 NE 25 AVE*  
 City *Ft Lauderdale*      FL      Zip Code *33308*

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

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

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 FOX, JOEL ( <i>DECEASED 7/7/08</i> ) <input checked="" type="checkbox"/> Delete 3101 NE 43RD ST FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOX, C <input type="checkbox"/> Delete 3101 NE 43RD ST FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Camille Fox*      Date *8/8/08*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

ATTACHMENT 40115006

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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### 2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

**\*\* The document number, business name and file date cannot be changed on the report. \*\***

Document Number 292359  
 Business Entity Name JOEL FOX, INC.  
 Original File Date 04/27/1965

FEI Number 59-1094877

Principal Address 4220 NE 25 AVE  
 FORT LAUDERDALE, FL 333085707

Mailing Address 4220 NE 25 AVE  
 FORT LAUDERDALE, FL 333085707  
 FOX, JOEL *Camille Fox*

Registered Agent 4220 NE 25 AVE  
 FORT LAUDERDALE, FL 333085707 US

#### Officer/Director Name And Address

~~PD  
 FOX, JOEL  
 3101 NE 43RD ST  
 FORT LAUDERDALE, FL 33308~~

*Deceased 7/14/08*

SD  
 FOX, C  
 3101 NE 43RD ST  
 FORT LAUDERDALE, FL 33308

After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above information is correct and you do not wish to make any changes, please select:

No Changes

If you need to make changes to the above information, please select:

Make Changes