## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 22, 1999 8:00 am Secretary of State 03-22-1999 90043 014 \*\*\*150.00

FOX AV	TATION, INC.						
Principal Plac	ca of Business	Mailing Address		1 (days, and ) and chain in secin	mas mere demes medi	n didti Aibit A	iren aran 1831
91 N.E. 20TH	STREET	91 N.E. 20TH STREET					
WILTON MANO	)A\$ FL 33305	WILTON MANORS FL 33305					
				DO NOT WRI	TE IN THIS S	PACE	
				<ol> <li>Date Incorporated or Qualified</li> <li>05/14/1974</li> </ol>	سر.		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number		Ap	plied For
21		26		59-1531303		No	t Applicable
-Suite; Apt	. #, etc	Suite, Apt. #, etc.				\$8:75 /	dditional
22		27		5, Certificate of Status Desired		Fee Re	dning
City & Sta	te .	City & State		6. Election Campaign Financing		\$5.00	May Re
23	•	28	•	Trust Fund Contribution		Added to	
Zip	Country	Zip	Country	8. This corporation owes the curr	eni veer inten		
24	25	29	30	Personal Property Tax.			□No /
	9. Name and Address of Curre		<sub>1</sub>	10. Name and Address of New R			
			81 Name				
	GARY W	•	<u></u>				
91 N	v.e. 20th Street		82 Street	Address (P.O. Box Number is Not Accepta	ble)		
WILT	TON MANORS FL 33305		83				
			**				1
}			84 City		F1	85 Zip C	ode
					FL		
office or r	registered agent, or both, in the State	of Florida. Such change was aut	horized by the corpo	corporation submits this statement for the pration's board of directors, I hereby accep	purpose of ch 1 the appoints	anging its i nent as reg	registered Jistered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was aut ations of, Section 607.0505, Florid	horized by the corporate that the corporate is a statutes.	pration's board of directors, I hereby accep	purpose of ch the appointm	anging its i	registered  Islered
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14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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.

6.4 CITY-ST-Z/P

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CITY-ST-ZIP

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SIGNATURE	NO TYPE TO THE	NATED NAME OF SK	GNING OFFICER OR	DIRECTOR		7

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