

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 498533 (9)

1. Corporation Name

FOX SERVICE SYSTEMS, INC.



Principal Place of Business

8405 NW 53RD ST.
SUITE A-104
MIAMI FL 33166
US

Mailing Address

2235 FISHER ISLAND DR
MIAMI FL 33109-7078

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

MCCLAIN, JAMES H
2235 FISHER ISLAND DR
MIAMI FL 33109

3. Date Incorporated or Qualified
02/10/1976

3a. Date of Last Report
01/27/1995

4. FEI Number
59-1672393

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and filer, if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME
P
MCCLAIN, JAMES H.
2234 FISHER ISLAND DR.
MIAMI FL
12.2 STREET ADDRESS
12.3 CITY - ST - ZIP
12.4 TITLE
12.5 NAME
12.6 STREET ADDRESS
12.7 CITY - ST - ZIP
12.8 TITLE
12.9 NAME
12.10 STREET ADDRESS
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12.99 CITY - ST - ZIP
12.100 TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13.1 TITLE ☐ Change ☐ Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY - ST - ZIP
13.5 TITLE ☐ Change ☐ Addition
13.6 NAME
13.7 STREET ADDRESS
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13.98 NAME
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13.100 CITY - ST - ZIP
13.101 TITLE

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

305-597-0246
Day/Tel/Fax/Cell #

CR2E034 (12/95)