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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 589774 (9)

1. Corporation Name
SPENCER FOX, P.A.

Principal Place of Business
1500 SAN REMO AVENUE
SUITE 125
CORAL GABLES FL 33146

Mailing Address
1500 SAN REMO AVENUE
SUITE 125
CORAL GABLES FL 33146-3049



3. Date Incorporated or Qualified 10/17/1978
3a. Date of Last Report 04/30/1996

2. Principal Place of Business
21 9012 SW 78 PL.
Suite, Apt. #, etc.
22 AA

2a. Mailing Address
26 9012 SW 78 PL
Suite, Apt. #, etc.
27

4. FEI Number 59-1859625
Applied For
Not Applicable

23 MIAMI FL
City & State
Zip 33156 Country USA

28 MIAMI FL
City & State
Zip 33156 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33156 25 USA
Zip Country

29 33156 30 USA
Zip Country

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

9. Name and Address of Current Registered Agent
FOX, SPENCER
1500 SAN REMO AVENUE, SUITE 125
MIAMI FL 33146

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City MIAMI FL 85 Zip Code 33156

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 and I agree to accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Spencer Fox* SPENCER FOX
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)
DATE: 4/6/97

12. OFFICERS AND DIRECTORS
TITLE PD
NAME FOX, SPENCER
STREET ADDRESS 1500 SAN REMO AVE #125
CITY-ST-ZIP CORAL GABLES FL
TITLE S
NAME FOX, SUSAN
STREET ADDRESS 1500 SAN REMO AVE #125
CITY-ST-ZIP CORAL GABLES FL
TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP
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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 9012 SW 78 PL
1.4 CITY-ST-ZIP MIAMI FL 33156
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 9012 SW 78 PL
2.4 CITY-ST-ZIP MIAMI FL 33156
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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: *Spencer Fox* REQUIRED
Signature and typed or printed name of signing officer or director
Date: 4/6/97
Daytime Phone #: (305) 595-2422
CR2E034 (9/96)