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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 627625 (7)

1. Corporation Name

FOX AUDIO, INC.



Principal Place of Business

**2225 SE OCEAN BLVD.
STUART FL 34996**

Mailing Address

**2225 SE OCEAN BLVD.
STUART FL 34996**

3. Date Incorporated or Qualified
07/15/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOX, MARTIN J.
2225 S.E. OCEAN BLVD.
X
STUART FL 34996**

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 of principal place of business or registered agent (if different)

Signature of Registered Agent (Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**PD
FOX, MARTIN J
1822 S.E. BEVING AVENUE
PT ST LUCIE, FL 00000**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**TD
FOX, ELLEN B
1822 S.E. BEVING AVENUE
PT ST LUCIE, FL 00000**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**SD
FOX, DEBORAH K
185 SW EYERLY AVE
PT ST LUCIE, FL 00000**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**VD
FOX, WILLIAM C
185 SW EYERLY AVE
PT ST LUCIE, FL 00000**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

14. I do 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

MARTIN J. FOX

6/3/96

(407) 287-4335

CR2E034 (12/95)