Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90049 023 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 647139

1. Corporation Name

SAM FC	OX PUBLISHING CO., INC.							
Principal Place of Business Mailing Address								
170 N.E. 33RD ST. 170 N.E. 33RD ST. FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334						•		
					DO NOT WRITE IN THI	S SPACE		
					3, Date incorporated or Qualifed 12/05/1979			
Principal Place of Business 2a. Mailing Address					1 · · · · · · · · · · · · · · · · · · ·		plied For	
26					59-1977630 <u> </u>	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Add		Additional		
27				·	5. Certificate of Status Desired	Fee Required		
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00	May Be	
23	28				Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country	/	8. This corporation owes the current year h	ntangible		
24	25	29	10		Personal Property Tax.	□Yes □No		
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Registere	d Agent		
			81	Name				
FOX, MURIEL				2 Street Address (P.O. Box Number is Not Acceptable)				
511 HOLYOKE LANE				Street A	Address (P.O. Box Number is Not Acceptable)			
LAKE WORTH FL 33467				3	<u> </u>			
) •]				
			84	1			Code	
	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl	sta of Florida. Such change was auf	norized by	, ine comor	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	ointment as re	registered gistered	
 SIGNATURE							· ·	
L	Signature, typed or printed name of registered		<u> </u>	ent signature rec	uired when reinstating) DATE	AID DIDECTO	DC (N. 40	
12. OFFICERS AND DIRECTORS			13.			Addition		
TITLE	SD	☐ DELETE	1.1 TITLE		V.P./Sec./Director	21 Change		
NAME	FOX, MURIEL		1.2 NAME		(Same as 12)			
STREET ADDRESS			1.3 STREE	TADDRESS				
CITY-ST-ZIP	LAKE WORTH FL			ST-ZIP				
TITLE	VTD .	☆ DELETE	2.1 TITLE		DECEASED	Change	☐ Addition	
NAME	FOX, HARRY		2.2 NAME					
STREET ADDRESS	5276 HOLLISTER AVE #251		2.3 STREE	TADDRESS				
CITY-ST-ZIP	SANTA BARBARA CA		2.4 CITY-ST-ZIP					
TITLE		DELETE	3.1 TITLE		Pres./Treas./Director	☐ Change	XX Addition	
NAME			3.2 NAME		Duane M. O'Donnell			
	_				Duane M. O'Donnell 5276 Hollister Ave., #251			
STREET ADDRESS	LET ADDITEO				Santa Barbara, CA 93111			
CITY-ST-ZIP	 	☐ DELETE	3.4. CITY- 4.1 TITLE	31-21	· · · · · · · · · · · · · · · · · · ·	Change	Addition	
TITLE		DELETE	4.1 ITTLE		÷		_	
NAME								
STREET ADDRESS	sl		4.3 STREE	ET ADDRESS				

CITY-ST-ZIP 14. 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, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5,4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

☐ DELETE

January 12, 1999

Change

☐ Change

☐ Addition

☐ Addition