

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 856833 (9)

1. Corporation Name
FOX-ROWDEN-MCBRAYER, INC.



Principal Place of Business: % ROBERT R. ROWDEN, 472 W. MCNAB ROAD, FORT LAUDERDALE FL 33309

Mailing Address: % ROBERT R. ROWDEN, 472 W. MCNAB ROAD, FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/20/1983**

4. FEI Number: **58-1051947**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: **ROWDEN, ROBERT R., 472 W. MCNAB ROAD, FORT LAUDERDALE FL 33309**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD FOX, WILFRED 1458 BEAVER RUIN ROAD NORCROSS GA	<input checked="" type="checkbox"/> DELETE	1.1 TITLE TS LAFRENIERE, JAMES A. 1458 BEAVER RUIN RD NORCROSS, GA 30093
NAME	MCBAYER, KENNETH 1133 PRESLEY RD. CHARLOTTE NC	<input type="checkbox"/> DELETE	2.1 TITLE
STREET ADDRESS	ROWDEN, ROBERT R. 472 W. MCNAB ROAD FT. LAUDERDALE FL	<input type="checkbox"/> DELETE	2.2 NAME
CITY-ST-ZIP	TS HUFF, DAVID C. 1458 BEAVER RUIN ROAD NORCROSS GA	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS
TITLE	PD FOX, WILFRED 1458 BEAVER RUIN RD NORCROSS GA	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
NAME	MCBAYER, KENNETH 1133 PRESLEY RD CHARLOTTE NC	<input type="checkbox"/> DELETE	3.1 TITLE
STREET ADDRESS			3.2 NAME
CITY-ST-ZIP			3.3 STREET ADDRESS
TITLE			3.4 CITY-ST-ZIP
NAME			4.1 TITLE
STREET ADDRESS			4.2 NAME
CITY-ST-ZIP			4.3 STREET ADDRESS
TITLE			4.4 CITY-ST-ZIP
NAME			5.1 TITLE
STREET ADDRESS			5.2 NAME
CITY-ST-ZIP			5.3 STREET ADDRESS
TITLE			5.4 CITY-ST-ZIP
NAME			6.1 TITLE
STREET ADDRESS			6.2 NAME
CITY-ST-ZIP			6.3 STREET ADDRESS
TITLE			6.4 CITY-ST-ZIP

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 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 _____

CR2E094 (10/97)