

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

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Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000005923 (6)**

1. Corporation Name
FOX DISTRIBUTORS, INC.

Principal Place of Business 2879 FORREST HILLS DR SW ATLANTA GA 30315	Mailing Address 2870 FORRESTHILLS DR. SW ATLANTA GA 30315-9025 US
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2. Principal Place of Business 21 2870 FORREST HILLS DR. S.W. Suite, Apt. #, etc. 22 City & State 23 Atlanta, GA Zip 24 30315 Country 25 Fulton	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 12/05/1995	3a. Date of Last Report 04/29/1996
4. FEI Number 58-2118729	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BASS, MIKE 3761 MOSS POINT CIR LAKEWORTH FL 33487	Address Change 1699 Woods Bridge Lakes Cir West Palm Beach, FL 33406	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP LEATHERS, CYNTHIA K 135 OAK MANOR FAYETTEVILLE GA 30214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT LEATHERS, JACK DOUGLAS 135 OAK MANOR FAYETTEVILLE GA 30214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALES, CHRIS 2451 JOHNSON DR DORAVILLE GA 30340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLINKSCALES, DOROTHY 144 CAPRI CIR HARTWELL GA 30643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICKARD, SHEILA 1307 COBBLESTONE BLVD FAYETTEVILLE GA 30215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEATHERS, JACK DOUGLAS (JAY)JR 1955 BELLS FERRY RD NE #2024 MARIETTA GA 30066

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DCP LEATHERS, CYNTHIA K. 155 Isleworth Way Fayetteville, GA 30215
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DVT LEATHERS, JACK Douglas 155 Isleworth Way Fayetteville, GA 30215
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	S Rickard, Sheila 185 County Line Court Fayetteville, GA 30215
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	V Leathers, Jack Douglas (Jay) Jr. 1835 Barrington Overlook Marietta, GA 30066

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Sheila Rickard* *Sheila Rickard* 4-2-97 404-767-0688

CR2E034 (9/96)