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May 09 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 # F96761

(4)

1. Corporation Name

FOX FIRE SYSTEMS, INC.



Principal Place of Business

18459 PINES BLVD.
289
PEMBROKE PINES FL 33029
US

Mailing Address

18459 PINES BLVD.
289
PEMBROKE PINES FL 33029-1400
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

08/24/1982

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2211570

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BARTLETT, KEVIN J
4153 SW 47TH AVE
FT LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

81 Name BARTLETT, KEVIN J.
82 Street Address (P.O. Box Number is Not Acceptable)
18459 PINES BLVD.
83
84 City PEMBROKE PINES FL 85 Zip Code 33029

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

Kevin J. Bartlett PT
Signature typed or printed name of registered agent and title, if applicable

KEVIN J. BARTLETT
(NOTE: Registered Agent signature required when reinstating)

4-28-97
DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME BARTLETT, KEVIN J.
STREET ADDRESS 4153 SW 47TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE VS ☐ DELETE

NAME SMITH, JOHN A.
STREET ADDRESS 4153 SW 47TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PT ☐ Change ☒ Addition

1.2 NAME BARTLETT KEVIN J
1.3 STREET ADDRESS 18459 PINES BLVD. # 289
1.4 CITY-ST-ZIP PEMBROKE PINES, FL. 33029

2.1 TITLE VS ☐ Change ☒ Addition

2.2 NAME SMITH, JOHN A.
2.3 STREET ADDRESS 18459 PINES BLVD. # 289
2.4 CITY-ST-ZIP PEMBROKE PINES, FL. 33029

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

CR2E034 (9/96)