**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

**DOCUMENT #** H66880 (6)

1. Corporation Name

SAXON ENTERPRISES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 10397 SOUTHERN BOULEVARD<br>ROYAL PALM BEACH, FL 33411 | 10397 SOUTHERN BOULEVARD<br>ROYAL PALM BEACH, FL 33411 |

3. Date Incorporated or Qualified: 07/17/1985
3a. Date of Last Report: 04/04/1995

2. Principal Place of Business
21: 10323 SOUTHERN BOULEVARD
22: Suite, Apt. #, etc.:
23: City & State: ROYAL PALM BEACH, FL
24: Zip: 33411
25: Country: USA

2a. Mailing Address
26: 10323 SOUTHERN BOULEVARD
27: Suite, Apt. #, etc.:
28: City & State: ROYAL PALM BEACH, FL
29: Zip: 33411
30: Country: USA

4. FEI Number: 59-2575493 ☐ 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 [X] No

**9. Name and Address of Current Registered Agent**

ABLE, DIANE L.
10397 SOUTHERN BOULEVARD
ROYAL PALM BEACH, FL 33411

**10. Name and Address of New Registered Agent**

81 Name: PATRICIA BALCH
82 Street Address (P.O. Box Number is Not Acceptable): 10323 SOUTHERN BOULEVARD
83:
84 City: ROYAL PALM BEACH **FL** 85 Zip Code: 33411

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: Patricia Balch PATRICIA BALCH 4-25-96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MILLER, ROBERT L. | | 1.2 NAME | | |
| STREET ADDRESS | 10397 SOUTHERN BOULEVARD | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ROYAL PALM BEACH, FL 33411 | | 1.4 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | AUSTIN, CHRISTOPHER | | 2.2 NAME | | |
| STREET ADDRESS | 10397 SOUTHERN BOULEVARD | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ROYAL PALM BEACH, FL 33411 | | 2.4 CITY-ST-ZIP | | |
| TITLE | ST | XX DELETE | 3.1 TITLE | ST | XX Change ☐ Addition |
| NAME | ABLE, DIANE | | 3.2 NAME | BALCH, PATRICIA | |
| STREET ADDRESS | 10397 SOUTHERN BOULEVARD | | 3.3 STREET ADDRESS | 10323 SOUTHERN BOULEVARD | |
| CITY-ST-ZIP | ROYAL PALM BEACH, FL 33411 | | 3.4 CITY-ST-ZIP | ROYAL PALM BEACH, FL 33411 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | 400001811724 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | -05/07/96--01125--009 | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | ***200.00 | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 5.1.96 CC | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (12/95)

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:** Patricia Balch Patricia Balch 4/25/96 (407) 790-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #