

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # J17238 (3)
1. Corporation Name
FOXBOROUGH DEVELOPMENT CORP. OF CENTRAL FLORIDA



Principal Place of Business		Mailing Address	
W. BRUCE MYLREA 608 E. CENTRAL BLVD. ORLANDO FL 32801-8007		W. BRUCE MYLREA 608 E. CENTRAL BLVD. ORLANDO FL 32801-8007	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 c/o Russell L. Mills	25 c/o Russell L. Mills	06/03/1986	02/03/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22 1505 E. Colonial Dr.	27 1505 E. Colonial Dr.	59-2684198	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Orlando, FL	28 Orlando, FL	<input type="checkbox"/>	
Zip	Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24 32803	29 32803	Trust Fund Contribution	<input type="checkbox"/>
Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25 USA	30 USA		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MYLREA, BRUCE 608 E. CENTRAL BLVD. ORLANDO FL 32801		81 Name RUSSELL L. MILLS	
		82 Street Address (P.O. Box Number is Not Acceptable) 1505 E. COLONIAL DRIVE	
		83	
		84 City ORLANDO	
		85 Zip Code FL 32803	

11. Pursuant to the provisions of Sections 607.0507 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

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	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, GARY	1.2 NAME	
STREET ADDRESS	608 E. CENTRAL BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYLREA, BRUCE	2.2 NAME	
STREET ADDRESS	608 E. CENTRAL BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRECOURT, A.L.	3.2 NAME	
STREET ADDRESS	7808 COWAN COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLS, RUSS	4.2 NAME	
STREET ADDRESS	1505 E. COLONIAL DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	DST	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STIMPSON, JOHN JR.	5.2 NAME	
STREET ADDRESS	1031 SUNSHINE LN S102	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUSSELL L. MILLS

(407) 896-0594

Date

Daytime Phone #

CR2E034 (12/95)