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 # **K42907** **(1)**

1. Corporation Name

FOX ACCOUNTING SERVICE, INC.

Principal Place of Business	Mailing Address
350 CELESTIAL WAY **JUNO BEACH FL 33408**	**350 CELESTIAL WAY** **JUNO BEACH FL 33408**

3. Date Incorporated or Qualified: **11/01/1988**

3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business	2a. Mailing Address
21 630 U.S. HIGHWAY #1	26 630 U.S. HIGHWAY #1
Suite, Apt. #, etc. 22 STE 204	Suite, Apt. #, etc. 27 STE 204
City & State 23 N. PALM BEACH FL	City & State 28 N. PALM BEACH FL
Zip / Country 24 33408 / 25 PALM BCH	Zip / Country 29 33408 / 30 PALM BCH

4. FEI Number: **65-0079979** ☐ 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

FOX, DIANNE L.
350 CELESTIAL WAY
JUNO BEACH FL 33408

10. Name and Address of New Registered Agent

8-1 Name

8-2 Street Address (P.O. Box Number is Not Acceptable): 630 U.S. HIGHWAY #1

8-3 STE 204

8-4 City: N. PALM BEACH **FL** 85 Zip Code: 33408

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature not required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1-1 TITLE	☒ Change ☐ Addition
NAME	FOX, DIANNE L.		1-2 NAME	
STREET ADDRESS	350 CELESTIAL WAY		1-3 STREET ADDRESS	630 U.S. HIGHWAY #1, STE 204
CITY-ST-ZIP	JUNO BEACH FL		1-4 CITY-ST-ZIP	N. PALM BEACH FL 33408
TITLE		☐ DELETE	2-1 TITLE	☐ Change ☐ Addition
NAME			2-2 NAME	
STREET ADDRESS			2-3 STREET ADDRESS	
CITY-ST-ZIP			2-4 CITY-ST-ZIP	
TITLE		☐ DELETE	3-1 TITLE	☐ Change ☐ Addition
NAME			3-2 NAME	
STREET ADDRESS			3-3 STREET ADDRESS	
CITY-ST-ZIP			3-4 CITY-ST-ZIP	
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	
TITLE		☐ DELETE	5-1 TITLE	☐ Change ☐ Addition
NAME			5-2 NAME	
STREET ADDRESS			5-3 STREET ADDRESS	
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)(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: Dianne L Fox — 4-23-96 — 407 844-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DIANNE L FOX