

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAY 15 PM 1:59

DOCUMENT # L16090

(7)

1. Corporation Name

FOSCO INVESTMENTS, INC.



Principal Place of Business

Mailing Address

% ROBERT L. FOX II
333 E. LANDSTREET ROAD
ORLANDO FL 32824

% ROBERT L. FOX II
333 E. LANDSTREET ROAD
ORLANDO FL 32824-7826

5. Date Incorporated or Qualified

09/13/1989

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt #, etc

26 Suite Apt #, etc

22 City & State

27 City & State

23 Zip

28 Zip

24

29

25

30

4. FE Number

59-2969739

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$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

10. Name and Address of New Registered Agent

FOX, ROBERT II
3135 HEATHGATE COURT
ORLANDO FL 32812

81 Name

333 East Landstreet Rd.
Orlando, FL 32824-7826

FL 32824-7826

11. Pursuant to the provisions of Sections 607.0503 and 607.0505, 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

Robert L. Fox II *Robert L. Fox II* PRESIDENT

2/13/97

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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST
NAME FOX, ROBERT L. II
STREET ADDRESS 606 SAN MARIE AVE
CITY OR ZIP ORLANDO FL

TITLE PVST
NAME Robert L. Fox, II
STREET ADDRESS 3135 Heathgate Court
CITY OR ZIP Orlando, FL 32812

TITLE
NAME
STREET ADDRESS
CITY OR ZIP

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CITY OR ZIP

14. I, the undersigned, certify that the information provided in this filing does not qualify for the exemption stated in Section 199.03(3), Florida Statutes. I further certify that the
information indicated on this filing is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 as an attachment with an address.

SIGNATURE:

Robert L. Fox II *Robert L. Fox II* PRESIDENT

DATE

2/13/97 (402)-240-7311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone