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

PROFIT CORPORATION ANNUAL REPORT

1997

BIX, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L36572

(0)

FILED Feb 19 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address		·····		
% PETER BECK 3001 E OAKLAND PARK BLVD OAKLAND PARK FL 33308-8817 OAKLAND PARK FL 33308-8817						
					3. Date Incorporated or Qualified 12/14/1989	3a. Date of Last Report 02/26/1996
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26 Suite Apt. # etc.			Suite, Apt. #, etc.		65-0127531	Not Applicable \$8.75 Additional
22		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30		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						
	k, peter		61	Name		
3001 E OAKLAND PARK BLVD			82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)
OAK	LAND PARK FL 33306-8817		83			
ļ				City		les Za Codo
			84	City	•	FL 85 Zip Code
11. Pursuant I	to the provisions of Sections 607 05	02 and 607.1508, Florida State	ites, the above	e-named corp	oration submits this statement for the p	urpose of changing its registered
agent. I a	m familiar with, and accept the obli-	gations of Section 607.0505, F	Florida Statute	S.	ion's board of directors. I hereby accep	i ino appointment do regiones
SIGNATURE	Signature: typed or printed name of registered &	tool and the distribution (Alf	TF: Beginned An	ant cincel we require	ed when reinstating)	DATE
12.		ND DIRECTORS	13.	ent signature reduci	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	BECK, PETER		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CITY - ST - ZIP	OAKLAND PARK FL		1.4 CITY-	ST-ZIP		
TITLE	DELETE		2.1 TITLE			Change
NAME	2.2		2.2 NAME			
STREET ADDRESS			2.3 STREE	Tadoress		
CITY - ST - ZIF			2 4 CITY	ST-ZIP		
TITLE	DELETE		3 1 TITLE	- 1		L. Change L. Addition
NAME			3.2 NAME			
STREET ADDRESS				T ADDRESS		
CHY-ST-ZIP		DELETE	3.4. CITY - 4.1 TITLE	ST-ZIP		Change Addition
TITLE		DILLIE	4. 2 NAME			Li vidicon
NAME CZDCEZ ADDOCECO			1	T ADORESS		ì
STREET ADDRESS			4.4 CITY-	i i		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	31 - ZIF		☐ Change ☐ Addition
NAME		term	5.2 NAME	1		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY-			
TITLE		☐ DELETE	6.1 TITLE	V1 &II		Change Addition
NAME			6.2 NAME			
STREET ADDRESS				T ADDRESS		l
CITY-SI-ZIP			64 C/TY-	1		

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 gorporation 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/II changed, or on an attachment with an address.

SIGNATURE: