


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAY 21 PM 3:13	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L94000000606		1a. Principal Place of Business Address	
FOXCORP, L.C. 5188 N.W. 47TH AVENUE COCONUT CREEK FL 33073				5188 N.W. 47TH AVENUE COCONUT CREEK FL 33073	
2. Principal Place of Business <i>VARANA HADEN</i>		2a. Mailing Address <i>9363 E. Colorado Ave</i>		3. Date Organized or Qualified 11/07/1994	
Suite, Apt. #, etc. <i>Same</i>		Suite, Apt. #, etc.		3a. State of Formation FL	
City & State		City & State <i>Denver, CO</i>		4. FEI Number 65-0533118	
Zip		Zip <i>80231</i>		5. Date of Last Report 04/25/1997	
Country		Country <i>USA</i>		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
FOX, JACK I 5188 N.W. 47TH AVENUE COCONUT CREEK FL 33073			Name Street Address (P.O. Box Number is Not Acceptable) <i>600002536966--5</i> Suite, Apt. #, etc. <i>05/27/98--01083--008</i> <i>****188.75 ****188.75</i> City FL Zip Code <i>17011</i>		
9. Pursuant to the provisions of Sections 608.416 and 608.608, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE <i>[Signature]</i> DATE _____ <small>(Registered Agent accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	FOX, JACK I	5188 N.W. 47TH AVENUE		COCONUT CREEK FL	
MGRM	FOX, MARCIA A	5188 N.W. 47TH AVENUE		COCONUT CREEK FL	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Division File #