

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

FILED

**Apr 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M18138 (1)

1. Corporation Name
FLOYD COXE INC.



Principal Place of Business 13605 S DIXIE HWY STE 136-M MIAMI FL 33176 US	Mailing Address 13605 S DIXIE HWY STE 136-M MIAMI FL 33176-7252 US
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3. Date Incorporated or Qualified 07/17/1985	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 13615 S. Dixie Hwy Suite, Apt. #, etc. 22 #114M City & State 23 Miami, FL Zip 24 33176	2a. Mailing Address 26 13615 S. Dixie Hwy Suite, Apt. #, etc. 27 #114M City & State 28 Miami, FL Zip 29 33176	Country 25 US Country 30 US
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4. FEI Number 59-2552183	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COXE, FLOYD
13605 S DIXIE HWY
STE 136-M
MIAMI FL 33176**

10. Name and Address of New Registered Agent

81 Name Floyd Coxe
82 Street Address (P.O. Box Number is Not Acceptable) 13615 S. Dixie Hwy
83 #114M
84 City Miami,
85 Zip Code FL 33176

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	PTD COXE, FLOYD	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PTD
NAME	13605 S. DIXIE HWY., SUITE 136M MIAMI FL	1.2 NAME	Floyd Coxe
STREET ADDRESS		1.3 STREET ADDRESS	13615 S. Dixie Hwy #114M
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, FL 33176
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *Floyd Coxe* **FLOYD COXE** Date: **04-10-97** Daytime Phone #: **305-350-9861**

CR2E034 (9/96)