PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M85693

COX VENTURES, INC.

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Principal Place of Business Mailing Address				-						**************************************	
C/O CHANS MARKET CAFE CHANS MARKET CAFE										. , , ,	
5494 HWY 98 E. #15			9375 HWY 98E #22								
DESTIN FL 32	:541	-	DESTIN FL 32541				DO NOT WRITE IN THIS SPACE				
•		US .				3. Date incorporat	ed or Qualifed				
						06/09/1988				* .	
2. Principal I	Place of Business	2a. Mailing	g Address			4. FEI Number			A	pplied For	
21		26				59-2940106			N	ot Applicable	
Suite, Apt	t. #, etc.	Suite,	Apt. #, etc.			1		_ ,		Additional	
22		27				5. Certifcate of Sta	atus Desired		•	equired	
City & Sta	ate	City &	State			& Election Camps	ian Einencina				
23		28	⊢ ′			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip	Country	Zip		Country						10 rees	
24	25	<u> </u>	Г	30		8. This corporation				□No	
24	9. Name and Address of	of Current Registered A		30		Personal Prope			Yes	□NO	
		or Current Registered A	gent	81	Name	10. Name and Add	Iress of New Ke	gisterea Ag	ent		
BR/	ADY, THOMAS M.	The market			Name				•		
ಿ ೯೧1	S. PALAFOX ST.			82	Street Addres	ss (P.O. Box Number	is Not Acceptab	ile)		· · · · · · · · · · · · · · · · · · ·	
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office or	t to the provisions of Sections registered agent, or both, in the	the State of Florida. Such	change was au	is, the above- uthorized by th	nameu corpor he corporation	ration submits this size	itement for the p I hereby accept	urpose of cha the appointm	inging its ent as re	s registerea eaistered	
agent. I a	am familiar with, and accept the	ine obligations of, Section	1 607.Ŏ505. Flori	ida Statutos						9,	
			· · · · · · · · · · · · · · ·	ida Statutes.							
SIGNATURE		98						- 1.			
SIGNATURE	Signature, typed or printed name of reg	gistered agent and title if applicable	e. (NOTE: F		signature réquired v	when reinstating);		DATE		 ,	
SIGNATURE	Signature, typed or printed name of reg OFFIC		e (NOTE: F	Registered Agent s	signature réquired v	when reinstating) (NGES TO OFFI		DIRECTO	DRS IN 12	
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SIGNATURE	Signature, typed or printed name of reg OFFIC DP COX, CHAN	gistered agent and title if applicable	e (NOTE: F	Registered Agent s	signature réquired v	ADDITIONS/CHA		CERS AND D			
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14. I 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 attachmant with an address, with all other like empowered.

6.4 CITY+ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 06, 1999 8:00am

Secretary of State

02-06-1999 90025 016 ***150.00