

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

DOCUMENT # P38364
1. Corporation Name
FOX SYSTEMS, INC.

(6)

FILED

98 MAY -1 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97-98

Principal Place of Business
4410 N. SCOTTSDALE ROAD
STE. 345
SCOTTSDALE AZ 85251-3920

Mailing Address
4410 N. SCOTTSDALE ROAD
STE. 345
SCOTTSDALE AZ 85251-3314

2. Principal Place of Business

21 4110 N. Scottsdale Rd.
Suite, Apt. #, etc.

22 Suite 345

23 City & State
Scottsdale AZ

24 Zip
85251-3920

25 Country

2a. Mailing Address

26 4110 N. Scottsdale Rd.
Suite, Apt. #, etc.

27 Suite 345

28 City & State
Scottsdale AZ

29 Zip
85251-3920

30 Country

3. Date Incorporated or Qualified
04/16/1992

3a. Date of Last Report
11/18/1996

4. FEI Number
68-0121468

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$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

CT CORPORATION SYSTEM
C/ CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 Cindy L. Parrinello Cindy L. Parrinello, Spl. Asst. Secy. 3/25/98

Signature typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE OPT ☐ DELETE

NAME FOX, SUSAN
STREET ADDRESS 1061 E. SECRETARIAT
CITY- ST- ZIP TEMPE AZ 85283

TITLE S ☐ DELETE

NAME SHISHIDA, MARK K
STREET ADDRESS 8735 E. VIA DELALUNA
CITY- ST- ZIP SCOTTSDALE AZ

TITLE D ☐ DELETE

NAME AHUJA, DESH
STREET ADDRESS 5956 E. SWEETWATER
CITY- ST- ZIP SCOTTSDALE AZ 85254

TITLE D ☐ DELETE

NAME FONG, JEAN
STREET ADDRESS 734 PALMERA COURT
CITY- ST- ZIP ALAMEDA CA 94501

TITLE D ☒ DELETE

NAME WALTER, ROBERT
STREET ADDRESS 1300 W. MARLBORO
CITY- ST- ZIP CHANDLER AZ 85224

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

CR2E034 (9/96)