

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000002535 (2)**

SAXON & ASSOCIATES INC.



1. Principal Office		2a. Mailing Address	
5292 BODEGA PLACE DELRAY BCH FL 33484 US		5292 BODEGA PLACE DELRAY BCH FL 33484 US	
2. Principal Office of Business	2a. Mailing Address	26	26
21	26	State	27
22	27	City & State	28
23	28	Zip	29
24	29	Country	30

9. Name and Address of Current Registered Agent

**SAXON, ANGELA
5292 BODEGA PLACE
DELRAY BEACH FL 33484**

3. Date Incorporated or Qualified	3a. Date of Last Report
11/02/1992	03/20/1995
4. File Number	Applied For Not Applicable
65-0375889	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contributor	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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. The undersigned is a resident of the State of Florida and is a qualified elector in the State of Florida. The above named corporation submits this statement for the purpose of changing its registered office to the above named office in the State of Florida. The undersigned is authorized by the corporation's board of directors to hereby accept the appointment as registered agent. I am authorized to change the address of the corporation in the State of Florida.

12	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	<input type="checkbox"/> OFFICER		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1	D	1	
2	SAXON, ANGELA	1	
3	5292 BODEGA PLACE	1	
4	DELRAY BEACH FL 33484	1	
5		1	
6		1	
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14. The undersigned hereby certifies that the information supplied with this statement is true and correct to the best of my knowledge and belief. I am authorized by the corporation's board of directors to hereby accept the appointment as registered agent. I am authorized to change the address of the corporation in the State of Florida.

SIGNATURE: *Angela Saxon*
SIGNATURE AND PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1-22-96 407-496-7655

CR2E034 (12/95)