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 # P94000012630 (7)

CARL E. FOX INC.

Principal Place of Business 807 OLD WINTER GARDEN RD. ORLANDO FL 32811 P.O. BOX 818062 ORLANDO FL 32861-8062 3. Date incorporated or Qualified 10/2/14/1994 2. Principal Place of Business 2a. Mailing Address 2b. Suite, Aptl #, etc. 2c. Suite, Aptl #, etc. 2c. City & State 2c. City & State 2d. City & State 2d. City & State 2d. City & State 2d. Country 2d. 2d. 2d. Received Agent FOX, CARL E 8007 OLD WINTER GARDEN RD. ORLANDO FL 32811 P.O. South Registered Agent 11. Pursuant to the provisions of Sections 607,05002 and 607,1508, Florida Statules, the above named corporation submits this statement for the purpose of change officer or registered agent, or both in the State of Frorida. Such change was authorized by the corporation submits this statement for the purpose of change officer or registered agent, or both in the State of Frorida. Such change was authorized by the corporation submits this statement for the purpose of change officer or registered agent, or both in the State of Frorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. Lam familiar with, and accept free obligations of, Section 607 0505, Florida Statules. SIGNATURE Signature F.O. CARL E P.O. BOX 18002 3. Date incorporated or Qualified 3a. Date of 10/24/1994 1. FEI Number 5. Certricate of Status Desired 5. Certricat																	
ORLANDO FL 32811 ORLANDO FL 32861-8082 3. Date incorporated or Qualified Q2/14/1994 2. Principal Place of Business 28. Mailing Address 4. FEI Number 59-3229105 Suite, Apt #. etc. 59-3229105 Suite, Apt #. etc. 27. Suite, Apt #. etc. 28. City & State 29. 29. 30. Find Contribution As Itability for inprigible tax unit principal state and Address of Current Registered Agent FOX, CARL E 5807 OLD WINTER GARDEN RD. ORLANDO FL 32811 11. Pursuant to the provisions of Sections 607-0502 and 607-1508. Florida Statules, the above-named corporation submits this statement for the purpose of change deficiency and found in the State of Foxicia, Such change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment to the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment to the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment to the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment to the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment to the purpose of change with a purpose of change was autho	Principal Place of Business Mailing Address											- {	i teditekt ifte intil diskt nævit delft gær		in white ner	88 3HIJI W	W11 1001
2. Principal Place of Business 2. Mailing Address 4. FEI Number 59-3229 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-3229 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-3229 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-3229 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-8229 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-8229 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-8229 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-8229 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-8229 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-8229 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-8229 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-8229 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-8229 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-8229 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-8229 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-8229 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-8229 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-8229 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-8229 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-8229 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-8229 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-8229 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-8229 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-8229 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-8229 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-8229 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-8229 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-8229 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-829 105 Suite, Apt #, etc. 5. Certificate of Status Desired 58-829 105 Suite Apt #, etc. 5. Certificate of Status Desired 58-829 105 Suite Apt #, etc. 5. Ce	GOOD CONTRACT OF MICHAEL CONTRACT																
Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. City & State Country A. This corporation has liability for intendible tax under the processor of the process												3	· · · · · · · · · · · · · · · · ·				porl
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Suite, Apt. #, etc. City & State Suite, Apt. #, etc. City & State Suite, Apt. #, etc. Suite, Apt. #, etc					2a.	Mailing	Address					4			T	Apr	olied For
State City & Stat				- 1	26							ı	59-3229105			Not	Applicab
Trust Fund Contribution A Zip Country Zip Country 8. This corporation has liability for intengible tax unit for intensional process of the segment of the process or Sections 607.0502 and 607.1508. Florida Statules, the above-named corporation's board of directors. I hereby accept the appointment agent. Fam familiar with, and accept the obligations of, Section 607.0505. Florida Statules. SIGNATURE Signature Power and accept the obligations of, Section 607.0505. Florida Statules. Trust Fund Contribution A 8. This corporation has liability for intengible tax unit florida Statutes. 81 Name 82 Street Address (P O. Box Number is Not Acceptable) 83 Street Address (P O. Box Number is Not Acceptable) 84 City FL 85 85 Street Address (P O. Box Number is Not Acceptable) 86 Street Address (P O. Box Number is Not Acceptable) 87 Street Address (P O. Box Number is Not Acceptable) 88 Street Address (P O. Box Number is Not Acceptable) 89 Street Address (P O. Box Number is Not Acceptable) 80 Street Address (P O. Box Number is Not Acceptable) 80 Street Address (P O. Box Number is Not Acceptable) 81 Name 82 Street Address (P O. Box Number is Not Acceptable) 83 Street Address (P O. Box Number is Not Acceptable) 84 City FL 85 85 Street Address (P O. Box Number is Not Acceptable) 86 Street Address (P O. Box Number is Not Acceptable) 87 Street Address (P O. Box Number is Not Acceptable) 88 Street Address (P O. Box Number is Not Acceptable) 89 Street Address (P O. Box Number is Not Acceptable) 80 Street Address (P O. Box Number is Not Acceptable) 80 Street Address (P O. Box Number is Not Acceptable) 81 Street Address (P O. Box Number is Not Acceptable) 82 Street Address (P O. Box Number is Not Acceptable) 83 Street Address (P O. Box Number is Not Acceptable) 84 City FL 85 85 Street Address (P O. Box Number is Not Acceptable) 86 Street Address (P O. Box Number is Not Acceptable) 87 Street Address (P O. Box Number is Not Acceptable) 88 Street Address (P O. Box Number is Not Acceptable) 89 Street Address					27	Suite, A	pl. #, etc.					5	. Certificate of Status Desired		-	. 75 A	dditional quired
POX, CARLE Sections of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change of fice or registered agent, or both in the State of Froida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. Pox. CARLE 15. ITILE P					28	City & S	Stațe					6				5.00 i	May Be Fees
FOX, CARL E 5607 OLD WINTER GARDEN RD. ORLANDO FL 32811 84 City FL 85 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 change office or registered agent, or both in the State of Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature to the provisions of the obligations of, Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) OATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. PAMME POX, CARL E 12. NAME	Country	у			29	Zip.		30	1	try		8					199.032.
Street Address (P.O. Box Number is Not Acceptable) 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 change office or registered agent, or both in the State of Frorida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent, 4 am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature to provide the detection of the street agent and tile trapposable (NOTE Registered Agent signature required when renstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTER P DELETE 1.11TIE C	Addres	ss of C	f Curre	rent R	legis	tered Ag	ent					10	, Name and Address of New R	egistere	d Agent		
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 change office or registered agent, or both in the State of Frorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature to the provision of the principle of agent and tilk Tappicable. (NOTE Registered Agent signature required when reinstating). DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTERESTINATION OFFICERS AND DIRECTORS 1.1 TITLE PORTOR CARLE 1.2 NAME	5807 OLD WINTER GARDEN RD.								Street Add	ress (P.O. Box Number is Not Acceptable)							
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 change office or registered agent, or both in the State of Frorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment for the purpose of change of the corporation's board of directors. I hereby accept the appointment for the purpose of change of the corporation's board of directors. I hereby accept the appointment for the purpose of change of the corporation's board of directors. I hereby accept the appointment for the purpose of change of the corporation's board of directors. I hereby accept the appointment for the purpose of change of the corporation's board of directors. I hereby accept the appointment for the purpose of change of the corporation submits this statement for the purpose of change of the corporation submits this statement for the purpose of change of the purpose of the purpose of the appointment									L		City				85	Zıp C	ode
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P DELETE 1.1 TITLE NAME FOX, CARLE 1.2 NAME	or both id acce	h in the cept fhe	the Sta ine obli	ate of digatio	Fioria ins a	da. Such f, Section	change was i 607 0505, I	s auth Florida	orized a Statul	by tes.	the corporal	tion's	board of directors. I hereby according	purpose opt the ap	of chang	ging its ant as r	registere egistered
TITLE P DELETE 1.1 TITLE CHAME NAME FOX, CARLE 1.2 NAME							: (NI	OTE Re	<u> </u>	Ager	1 signature requi	red whe			ND DIOC	CTOD	2 181 40
NAME FOX, CARL E 1.2 NAME	Ur.	JECTOCEN	rno A	MINLY	AITYE.U	HUMS	DELETE			<u> </u>			ADDITIONS/OFFANGES TO OFF	UERS AI			Addilio
						•		ı			}				o	ango	المالية المالية
STREET ADDRESS 18 VICK ST. 1.3 STREET ADDRESS											• Donesee						
AND THE AND THE AND	24760	Λ									· · · · · · · · · · · · · · · · · · ·						
	J4/00	<u> </u>	·				DELETE				-1117				13 (1	hange	Additio
NAME FOX, JUDITH L 22 NAME						'									ان نیا	чинус	Addire

2.3 STREET ADDRESS

3.3 STREET ADDRESS

3.4. CITY - ST-ZIP

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

2 4 CITY- ST-ZIP

31 TITLE 3.2 NAME

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

DELETE

DELETE

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(r), 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 directly of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

18 VICK ST.

OAKLAND FL 34780

STHEFT ADDRESS

STREET ADDRESS CHTY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - 7IP

D-TY - ST - ZIF

TITLE

NAME

THEF

TITLE

NAMÉ

TITLE

NAME

FILED

Jan 14 1997 8:00am

Secretary of State

A RADANBAL SHE MIKKI BURKI BERKI BERKI DERKE BODIN FIRIR 1881 DALAR FIKI DOMA KADI

Change

Change

Change

Change

Addition

Addition

Addition

Addition