

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000034368 (8)**

1. Corporation Name
FOXCARS, INC.



Principal Place of Business

**6268 E. PALM DEL MAR BLVD.
APT. #303
ST PETERSBURG FL 33706**

Mailing Address

**6268 E. PALM DEL MAR BLVD.
APT. #303
ST PETERSBURG FL 33706**

2. Principal Place of Business

21 **6177 SUN BLVD**

Suite, Apt., #, etc.

22 **# 401**

City & State

23 **ST PETERSBURG FL**

Zip

24 **33715**

Country

25

2a. Mailing Address

26 **6177 SUN BLVD**

Suite, Apt., #, etc.

27 **# 401**

City & State

28 **ST PETERSBURG FL**

Zip

29 **33715**

Country

30

g. Name and Address of Current Registered Agent

**CLARK, BLAIR W
300 31ST ST N
SUITE 101
ST PETERSBURG FL 33713**

3. Date Incorporated or Qualified

04/07/1994

3a. Date of Last Report

05/01/1995

4. FLE Number

59-3243806

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 *Robert L Scheuerer*

Signature of person named in the jurisdiction of this corporation

Signature of Registered Agent (if not the same person as above)

DATE

Mar 12, 1996

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D SCHEUERER, ROBERT L**
STREET ADDRESS **6268 E. PALM DEL MAR BLVD. APT# 303**
CITY-ST-ZIP **ST PETERSBURG FL 33706**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **D SCHEUERER, ROBERT L**
1.3 STREET ADDRESS **6177 SUN BLVD # 401**
1.4 CITY-ST-ZIP **ST PETERSBURG, FL 33715**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Robert L Scheuerer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 12, 1996

DATE

Signature of Person

CR2E034 (12/95)