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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P9400063035 (7)

1. Corporation Name

COX MANAGEMENT GROUP, INC.

Principal Place of Business

Mailing Address

248 FIRST AVENUE NORTH
ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified

08/22/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number



3a. Date of Last Report

02/16/1995

- F) - LEV		2a. Mailing Address			4, FEI Number	<u> </u>	Applied F										
1 26 Suite, Apt. #, etc. Suite 2 27		<u>}</u> i		59-3267478		Not Applied											
		Suite, Apt. #, etc.			5. Certificate of Status Desired Sa.75 Additional Fee Required			nal									
		City & State	ity & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			Be									
Ц Ζφ	Country	Zip	Countr	v	8. This corporation has liability for	intanoible tax u											
	25	29	30	•	Florida Statutes Yes No			-									
<b>1</b>	9. Name and Address of Cu				10. Name and Address of New F	legistered Age	int										
			81	Name													
COX, THOMAS F 248 FIRST AVENUE NORTH ST. PETERSBURG FL 33701				82 Street Address (P.O. Box Number is Not Acceptable) 83													
									011 ( 212			84	City		FL '	35 Zip Code	
													<u> </u>	ration submits this statement for the pu			
familiar wii acanaanat	th, and accept the obligations of, \$  Stylania types or printed name of registeres.	Section 607.0505, Florida Statu agert and tills it applicans	tes. (NOTE: Registered Ag			DATE											
2.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF												
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DITY-SI-ZIF	by cortify that the information supp	olied with this filing is voluntarily	furnished and do	res not qualify	for the exemption stated in Section 11	9.07(3)(k). Florid	a Statutes. I furt	ther									

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 chapter 607 on an attachment with an address.

**SIGNATURE:** 

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/96 (813) 896-2691