

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000026054 (3)**

1. Corporation Name
FOXTROT ENTERPRISES, INC.

Principal Place of Business 2899 SELAWICK LANE JACKSONVILLE FL 32218	Mailing Address 2899 SELAWICK LANE JACKSONVILLE FL 32218-2348
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/30/1995	3a. Date of Last Report 04/19/1996
4. FEI Number 59-3321024	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MCKINNON, CLAUDIA
2899 SELAWICK LANE
JACKSONVILLE FL 32218**

10. Name and Address of New Registered Agent
81 Name **CLAUDIA LOVETT**
82 Street Address (P.O. Box Number is Not Acceptable)
2899 SELAWICK LANE
83
84 City **JACKSONVILLE** FL 85 Zip Code **32218**

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 **CLAUDIA LOVETT-PT** *Claudia Lovett* **April 24, 1997**
Signature of principal named or registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PELZER-FENNING, KIZ	
STREET ADDRESS	11349 BLOSSOM RIDGE DR.	
CITY - ST - ZIP	JACKSONVILLE FL 32218	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	PELZER, ERIKA	
STREET ADDRESS	2899 SELAWICK LANE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	MCKINNON, CLAUDIA	
STREET ADDRESS	2899 SELAWICK LANE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PELZER, NATHANIEL	
STREET ADDRESS	2899 SELAWICK LANE	
CITY - ST - ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CLAUDIA LOVETT
3.3 STREET ADDRESS	2899 SELAWICK LANE
3.4 CITY - ST - ZIP	JACKSONVILLE, FL 32218
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Claudia Lovett* **CLAUDIA LOVETT** 4/24/97 (904) 766-6456
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)