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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

Principal Place of Rusiness

DOCUMENT # P95000065086 (7)

MARGARET CROXTON ENTERPRISES, INC.

Mailing Address

## FILED Jan 17 1997 8:00am Secretary of State



1115 PONCE DE LEON DRIVE FORT LAUDERDALE FL 33316-1360		1115 PONCE DE LEON DRIVE FORT LAUDERDALE FL 33316-1360					
					3. Date Incorporated or Qualified 08/21/1995	3a. Date of La 02/23/198	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For
21		26			65-0604759		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	<del></del>		Election Campaign Financing     Trust Fund Contribution		00 May Be led to Fees
Zip <b>24</b>	Country 25	Ζίρ <b>29</b>	Gourn 30	itry	This corporation has liability for in Florida Statutes	ptangible tax und Yes 🔲 No	er s. 199.032,
	9. Name and Address of Co	urrent Registered Agent			10. Name and Address of New Re	distered Agent	
CRO	XTON, MARGARET			81 Name			
1115	PONCE DE LEON DRIVE T LAUDERDALE FL 33316-1	1360	1	82 Street Add	dress (P.O. Box Number is Not Acceptable)		
7011	I DIODEIDIAL IL GOOIO	1000	ļī.	B3			
			-	84 City		loe l	Zin Codo
			ŀ	- 1		FL   T	Zip Code
11. Pursuant to office or reagent 1 and	o the provisions of Sections 60 egistered agent, or both, in the in familiar with, and accept the	7.0502 and 607.1508, Florida St State of Florida - Such change w obligations of, Section 607.0505	tatutes, the ab vas authorized 5, Florida Statu	ove-named cor by the corpora ites.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing the appointment	ng its registered t as registered
CIONIATURE							
SIGNATURE .			ALCONO DE LES A		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DATE	
	Signature, typical or product name of regions			Agent signature requ	ulred when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIREC	ORS IN 12
12.	OFFICER	S AND DIRECTORS	13.		uired when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	
<b>12.</b> TITLE	OFFICER:		13, 1.1 TiTi	.E			
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I. I do hereby certify that the inf .....pplicd 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 armula 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 have no efficient of 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** 

NATURE AND WOOD OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97

(954)

524-1200

Daytinie Phone #