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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

| | 1997 | Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | | | | Secretary of State | | | | | |
|--|---|---|---------------------|------------------|--------------------------|----------------|--------------|---|---|---|--------------|--------------|--|
| | MENT # P9 FOX, INC. | 60000003 | 84 (3) | · | | | | # (48)(184) 178 (P | 110 2 1191 30 1111 40 1111 4 4114 | 48 121 56 111 8618 1 | lerin likkin | O(O) (AN) | |
| Principal Place of Business Mailing Address 2601 N.W. 48TH STREET 2601 N.W. 48TH STREET POMPANO BEACH FL 33073 POMPANO BEACH FL 33073-307 | | | | | | | | | il distribiti di 188 | (1) | | | |
| 2. Principal F | Place of Business | 2a . Mai | ling Address | · · | | | | 3. Date incorpor 12/21/1995 4. FEI Number | | 3a. Date c 05/01/ | 1996 | oport | |
| 21 | | 26 | ~ | | | | | NOT APP | LICABLE | | - | t Applicable | |
| Suite, Apt. | .#, etc. | h | Suite, Apt. #, etc. | | | | | 5. Certificate of | Status Desired | □ \$ | 8.75 A | Additional | |
| City & Stat | Θ | | City & State | | | | | 6. Election Camp | paign Financing | | \$5.00 | | |
| 23 | | [28] | | | | - | | Trust Fund Co | | | Added t | | |
| Zip | Country | | | ├ ─~¬ | untry | | | 8. This corporati | on has liability for i | ntangible tax Yos 💢 N | | 199.032, | |
| 24 | 9. Name and Addres | 29 ss of Current Registered | d Agent | 30 | 1 | | | | dress of New Re | | | | |
| MAN | NOINI, DAVIĐA | | | | 81 | Name | | | | | | | |
| 2601 NW 48TH ST. | | | | | 82 | Street | Addres | ss (P.O. Box Numb | er is Not Acceptab | le) | | | |
| POMPANO BCH FL 33073 | | | | | 83 | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | | | | | | | | | |
|] | | | | | 84 | City | | | | F1 8 | 5 Zip (| Code | |
| 11. Pursuant | to the provisions of Section registered agont of the am familiar with in sece | ons 607.0502 and 607.15 | 508, Florida Statu | tes, the a | pove | -named | corpo | ration submits this | statement for the p | urpose of cha | inging its | s registered | |
| agent. I a | am familiar With in ficce | ept the obligations of, Sec | ction 607.0505, F | lorida Sta | tutes | THE COR | N. | n's board of directo | ля, гнегеру ассер | т тне арроппі 1 | nen as | regisiered | |
| SIGNATURE | Signature, typed or printed name | of all of the state of the state of | molds (NO | | O' | NO | D' | Mich reinstating) | <u></u> | NATE DATE | 37_ | | |
| 12. | | FICERS AND DIRECTOR | | 13. | o Mgo | i. signatoro | 18der.eo | | ANGES TO OFFIC | | RECTOR | S IN 12 | |
| TITLE | PT | | DELETE | 1.1 Ti | ILE | | | | | | Change | Addition | |
| NAME | MANCINI, DAVID A | DECT | | 1.2 N | | | | | | | | | |
| STREET ADDRESS | 2601 N.W. 48TH STI Pompano Beach I | | | 1 | | ADDRESS | | | | | | | |
| CITY-ST-ZIP TITLE | VS | <u> </u> | DELETE | 2111 | DY∙S1 TLE | - 211 | | | | | Change | Addition | |
| NAME | MANCINI, DANIEL C | | | 2 2 N | AME | | ł | | | | Ť | | |
| STREET ADDRESS | 2601 N.W. 48TH ST | | | 2.3 \$1 | IREET / | ADDRESS | | | | | | | |
| CITY-ST-ZIP | POMPANO BEACH F | -L 33073 | Deces | | ITY - ST | - Z(P | ļ | | | | <u> </u> | 4 4 190 | |
| NAME | | | DELETE | 3 1 T/ 3.2 N/ | | | } | | | لبا | Change | □ Addition | |
| STREET ADDRESS | | | | | | , DDRESS | | | | | | | |
| CITY-ST-ZIP | | | | 4 | ::11 Y · \$1 | | | | | | | | |
| TITLE | | • | ☐ DELETÉ | 4.1 70 | 1LE | | | 7 | | | Change | Addition | |
| NAME | | | | 4. 2 N | | | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | IRLET <i>a</i> ITY-S1 | ADDRESS OUT | | | | | | | |
| TITLE | | | DELETE | 5.17(| | · 10. | | | | | Change | Addition | |
| NAME | u. | | | 5.2 N/ | AME | İ | 1 | | | | | / | |
| STREET ADDRESS | | | | 5.3 \$1 | IREET A | ODRESS | | | | ħ | V/b | 3-18 | |
| CITY-ST-ZIP | | | DELETÉ | | TY-\$1 | 71F | <u> </u> | | | | Change | Addition | |
| TITLE NAME | | | ET MILLE | 6.1 TC 6.2 N/ | | , |] | 200 | mnett | | | LT MUDICOLI | |
| STREET ADDRESS | | | | | | DDRESS | | -03/1 | 002 1 1 9/970101 | 5015° | | | |
| CITY-ST-ZIP | | | | 1 | 1Y-\$T | 1 | | ***16 | | | | | |

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 eath; 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.

Mar 18 1997 8:00am