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FILED
May 16 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 # P96000005795 (5)

1. Corporation Name

FOX CREEK DEVELOPMENT CORPORATION

Principal Place of Business

2601 S. BAYSHORE DRIVE
MIAMI FL 33133-5461

Mailing Address

2601 S. BAYSHORE DRIVE
MIAMI FL 33133-5417



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/16/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-064462		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

LANGLEY, MARCIA H
2601 S. BAYSHORE DRIVE
9TH FLOOR
MIAMI FL 33133-5461

10. Name and Address of New Registered Agent

81 Name JOEL K. GOLDMAN
82 Street Address (P.O. Box Number is Not Acceptable) 2601 S. Bayshore Dr.
83 9th floor
84 City MIAMI FL 85 Zip Code 33133

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

Joel K. Goldman
Signature, typed or printed name of registered agent and title if applicable

Joel K. Goldman
(NOTE: Registered Agent signature required when reinstating)

4/11/97
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	V/S
NAME	JEFFREY, THOMAS W	1.2 NAME	GOLDMAN, JOEL K
STREET ADDRESS	% 2601 S. BAYSHORE DRIVE	1.3 STREET ADDRESS	2601 S. Bayshore
CITY-ST-ZIP	MIAMI FL 33133-5461	1.4 CITY-ST-ZIP	MIAMI FL 33133
TITLE	D	2.1 TITLE	V/A/S
NAME	RUTHERFORD, J. LARRY	2.2 NAME	LANGLEY, MARCIA
STREET ADDRESS	% 2601 S. BAYSHORE DRIVE	2.3 STREET ADDRESS	2601 S. Bayshore Dr
CITY-ST-ZIP	MIAMI FL 33133-5461	2.4 CITY-ST-ZIP	MIAMI FL 33133
TITLE	VD	3.1 TITLE	VIC/A/S
NAME	WOODBURY, KIMBALL D	3.2 NAME	CARLETON, CALLIS N
STREET ADDRESS	% 2601 S. BAYSHORE DRIVE	3.3 STREET ADDRESS	2601 S. Bayshore Dr
CITY-ST-ZIP	MIAMI FL 33133-5461	3.4 CITY-ST-ZIP	MIAMI FL 33133
TITLE	P	4.1 TITLE	
NAME	GILLETTE, J. THOMAS III	4.2 NAME	
STREET ADDRESS	% 2601 S. BAYSHORE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133-5461	4.4 CITY-ST-ZIP	
TITLE	VS	5.1 TITLE	
NAME	LANGLEY, MARCIA H	5.2 NAME	
STREET ADDRESS	% 2601 S. BAYSHORE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133-5461	5.4 CITY-ST-ZIP	
TITLE	VT	6.1 TITLE	
NAME	FISCHER, JOHN H	6.2 NAME	
STREET ADDRESS	% 2601 S. BAYSHORE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133-5461	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:

Joel K. Goldman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-859-4071
Daytime Phone #

CR2E034 (9/96)