

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 FEB 18 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 33133-5461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1996

4. FEI Number

65-0644462

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25 2601 S. Bayshore Drive  
26 Suite, Apt. #, etc.  
27 Legal Dept., Suite 900  
28 City & State  
29 Miami, Florida  
30 Zip  
31 Country

9. Name and Address of Current Registered Agent

GOLDMAN, JOEL K  
2601 S BAYSHORE DR  
9TH FLOOR  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

500002436775--2

83

-02/20/98--01103--009

84 City

\*\*\*\*158.75

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE \* VS ☐ DELETE  
NAME GOLDMAN, JOEL K  
STREET ADDRESS 2601 S BAYSHORE  
CITY-ST-ZIP MIAMI FL  
TITLE VAS ☐ DELETE  
NAME LANGLEY, MARCIA  
STREET ADDRESS % 2601 S. BAYSHORE DRIVE  
CITY-ST-ZIP MIAMI FL  
TITLE VCAS ☒ DELETE  
NAME CARLETON, CALLIS N  
STREET ADDRESS % 2601 S. BAYSHORE DRIVE  
CITY-ST-ZIP MIAMI FL  
TITLE P ☐ DELETE  
NAME GILLETTE, J. THOMAS III  
STREET ADDRESS % 2601 S. BAYSHORE DRIVE  
CITY-ST-ZIP MIAMI FL 33133-5461  
TITLE VS ☒ DELETE  
NAME LANGLEY, MARCIA H  
STREET ADDRESS % 2601 S. BAYSHORE DRIVE  
CITY-ST-ZIP MIAMI FL 33133-5461  
TITLE VT ☐ DELETE  
NAME FISCHER, JOHN H  
STREET ADDRESS % 2601 S. BAYSHORE DRIVE  
CITY-ST-ZIP MIAMI FL 33133-5461

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME Rutherford, J Larry  
1.3 STREET ADDRESS 2601 S. Bayshore Drive  
1.4 CITY-ST-ZIP Miami, Florida 33133  
2.1 TITLE VD ☐ Change ☒ Addition  
2.2 NAME Woodbury, Kimball D  
2.3 STREET ADDRESS 2601 S. Bayshore Drive  
2.4 CITY-ST-ZIP Miami, Florida 33133  
3.1 TITLE VCAS ☐ Change ☒ Addition  
3.2 NAME Cook, Paula  
3.3 STREET ADDRESS 2601 S. Bayshore Drive  
3.4 CITY-ST-ZIP Miami, Florida 33133  
4.1 TITLE V ☐ Change ☒ Addition  
4.2 NAME Laguardia, John  
4.3 STREET ADDRESS 2601 S. Bayshore Drive  
4.4 CITY-ST-ZIP Miami, Florida 33133  
5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME Jeffrey, Thomas W.  
5.3 STREET ADDRESS 2601 S. Bayshore Drive  
5.4 CITY-ST-ZIP Miami, Florida 33133  
6.1 TITLE VAS ☐ Change ☐ Addition  
6.2 NAME LANGLEY, MARCIA H.  
6.3 STREET ADDRESS 2601 S. BAYSHORE DR  
6.4 CITY-ST-ZIP MIAMI FL 33133

14. I 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, V.P.

2-13-98

205-259-4000

CR2E034 (10/97)