

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$650 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED
AND
FILED

PK 1/2

077 JUL 24 11 31 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **P96000010123 (3)**
1. Corporation Name
JUMPING FOX FARM, INC.

Principal Place of Business: **18900 S.W. 54TH PLACE FORT LAUDERDALE FL 33332**
Mailing Address: **18900 S.W. 54TH PLACE FORT LAUDERDALE FL 33332**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **2644 SW Boat Ramp Av**
Suite, Apt. #, etc.
22
City & State: **Palm City, FL**
Zip: **34990** Country: **USA**

2a. Mailing Address
26 **2644 SW Boat Ramp Av**
Suite, Apt. #, etc.
27
City & State: **Palm City, FL**
Zip: **34990** Country: **USA**

3. Date Incorporated or Qualified: **01/31/1996** 3a. Date of Last Report: **N/A**
4. FEI Number: **65-0674643** 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

9. Name and Address of Current Registered Agent
SINGER, ALESIA K
18900 S.W. 54TH PLACE
FORT LAUDERDALE FL 33332

10. Name and Address of New Registered Agent
81 Name: **SAME AS BLOCK 9**
82 Street Address (P.O. Box Number is Not Acceptable): **2644 SW Boat Ramp Av**
83
84 City: **Palm City** FL 85 Zip Code: **34990**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SINGER, ALESIA	
STREET ADDRESS	18900 S.W. 54TH PLACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33332	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SINGER, ARTHUR M	
STREET ADDRESS	18900 S.W. 54TH PLACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33332	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	2644 SW Boat Ramp Av
1.3 STREET ADDRESS	Palm City, FL 34990
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	2644 SW Boat Ramp Av
2.3 STREET ADDRESS	Palm City, FL 34990
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	200002250212
3.3 STREET ADDRESS	-07/29/97--01032--020
3.4 CITY-ST-ZIP	****165.00 ****165.00
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 _____

CR2E034 (4/97)

pg 2 of 2

To: The Florida Department of State
From: Jumping Fox Farm, Inc.
Subject: 1997 Profit Corporation Annual Report/2nd Notice
Date: 7/21/97

To Whom It May Concern,

We received our second notice for the filing of the 1997 Profit Corporation Annual Report on this date. We never received our first notification, probably due to our move to a new location. We are a new corporation, established in Mid-1996 and as such are unfamiliar with the requirement to file this report annually. Our newness as a corporation, combined with our move in February of this year caused the oversight.

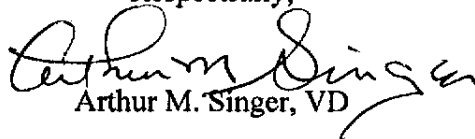
As you can see, we have filed the report immediately upon receipt. Per our conversation with your telephone representative, we are sending you the \$165.00 normal fee and are requesting a waiver from the late fee, due to the circumstances described above. We hope that you can see it clear to do so.

Please contact us at our new address or telephone.

Jumping Fox Farm, Inc.
2644 S.W. Boat Ramp Av.
Palm City, Fl. 34990

Telephone:(561)220-0732

Respectfully,


Arthur M. Singer, VD