


**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

1997 JUL 24 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2644 SW Boat Ramp Av Suite, Apt. #, etc.	2a. Mailing Address 26 2644 SW Boat Ramp Av Suite, Apt. #, etc.
22 City & State 23 Palm City, FL	27 City & State 28 Palm City, FL
24 34990 25 USA	29 34990 30 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 <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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** 85 Zip Code **FL 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SINGER, ALESIA 18900 S.W. 54TH PLACE FORT LAUDERDALE FL 33332	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SINGER, ARTHUR M 18900 S.W. 54TH PLACE FORT LAUDERDALE FL 33332	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

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 _____ DATE _____

CFR2E034 (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.

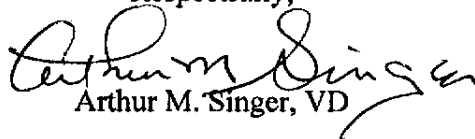
As you can see, we have filed the report immediately upon receipt. Per our conversation with your telephone representative, we are sending you the \$165.00 normal fee and are requesting a waiver from the late fee, due to the circumstances described above. We hope that you can see it clear to do so.

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