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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90118 031 \*\*\*150.00

i. Corporation	MENI# P96000 G FOX FARM, INC.	010123				
Principal Place of Business Mailing Address						EIDDO ISII ADDA
2644 SW BOAT RAMP AVE 2644 SW BOAT RAMP AVE				i i		
PALM CITY FL 34990 PALM CITY FL 34990						
				DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed 01/31/1996		
2 Dringing D	loop of Pysinoss	2a. Mailing Address		4. FEI Number		plied For
2. Principal Place of Business 2a. Ma 21 26		<u> </u>		65-0674643		t Applicable
Suite, Apt. #, etc. Suite, Apt. #		Suite, Apt. #, etc.	b		\$8.75 A	
22 27		\		5. Certifcate of Status Desired	Fee Re	quired
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution -	Added to	o Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		_
24	25		30	Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	d Agent	
SING	GER, ALESIA K		oi Name			
2644 SW BOAT RAMP AVE			82 Street Add	iress (P.O. Box Number is Not Acceptable)		,
	W CITY FL 34990		83	***		
			03			
			84 City	F	85 Zip C	Code
office or reagent. I as	egistered agent, or both, in the State or familiar with, and accept the obligation of the obligation o	of Florida. Such change was au ons of, Section 607.0505, Flori	thorized by the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate the statement of the purpose ion's board of directors. I hereby accept the appropriate the statement of the purpose	ointment as rec	jistered
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 THILE		Change	Addition
NAME	SINGER, ALESIA		1.2 NAME			
STREET ADDRESS	2644 SW BOAT RAMP AVE		, 1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM CITY FL 34990		1.4 CITY-ST-ZIP			
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	SINGER, ARTHUR M		2.2 NAME			
STREET ADDRESS	2644 SW BOAT RAMP AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM CITY FL 34990	□ DELETE	2. 4 CITY-ST-ZIP		Change	Addition
TITLE		["] DEFE IE	3.1 TITLE	•	Change	
NAME			3.2 NAME	÷		
STREET ADDRESS			3.3 STREET ADDRESS			-
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change	Addition
TITLE		_ occert	4. 2 NAME			
NAME STREET ADDRESS			4.3 STREET ADDRESS			
!			4.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME	•		
STREET ADDRESS		•	5.3 STREET ADDRESS	*.		
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CiTY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP