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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000013638

1. Corporation Name  
FOXCROFT PROPERTIES INC.

Principal Place of Business  
7496 MAHONGANY BEND PLACE  
BOCA RATON FL 33434

Mailing Address  
7496 MAHONGANY BEND PLACE  
BOCA RATON FL 33434

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent

MASCHLER, SHELDON  
7496 MAHONGANY BEND PLACE  
BOCA RATON FL 33434

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City

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 then it applicable

(NOTE: Registered Agent signature required when changing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE P  
NAME MASCHLER, SHELDON  
STREET ADDRESS 7496 MAHONGANY BEND PLACE  
CITY-STATE-ZIP BOCA RATON FL 33434  
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13.  
11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP  
21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP  
31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP  
41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP  
51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP  
61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

[ ] Change [ ] Addition

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\*\*\*\*150.00 \*\*\*\*150.00

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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 my signature block with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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