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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 23 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600035973 (2)

FIRST OXFORD HOLDINGS, INC.

																li
Principal Place of Business Mailing Address									1 "	• # * * # # * 1		IIII uu ite		D1118 18471 181		• •
4282 NORTHLAKE BOULEVARD PALM BEACH GARDENS FL 33410				4262 NORTHLAKE BOULEVARD PALM BEACH GARDENS FL 33410-6224										,		
										e Incorpo /25/199	rated or Quali	fied	3a. Dat	te of Last I	Report	
2. Principal Place of Business 21				2a. Mailing Address 26					1 /						pplied F	
Suite, Apt. #, etc.				Suite, Apt. #, etc.							Status Desire	d		\$8.75		nai
City & State	e			City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees							θ
Zip Country				Zip Country					This corporation has liability for intangible tax under s. 199.032,							
24	25			9 30				Florida Statutes Yes No							٥٤,	
		and Address of							10. Name and Address of New Registered Agent							
AME	ERILAWYER	CHARTERED					B1 Na	ame	Ab.	5. 6	2 LSON			• • • • • • • • • • • • • • • • • • • •		
343					82 St	reet Addr	ess (P.O. F	Box Numb	er is Not Acc		6)					
CORAL GABLES FL 33134								117	EAt le	787	celt or	404				
							83							leal m	0.1	
							84	olm B	each (rade	414		FL		Code	
11. Pursuant I office or re agent. I ar	to the provisi egistered ag m (ar niliar w <u>i</u>	ions of Sections (ent, or both, in th th, and accept the	607.0502 and ne State of Flo no obligations	l 607 1508, orida. Such of, Section	Florida Statu change was 607.0505, F	utes, the at authorized Iorida Stat	ove-na by the ules.	med corp corporat	ion's board	f of direct	statement for ors. I hereby	the pu accep	urpose of the appo	changing bintment as	its regisl s registe	tered ered
SIGNATURE		or printed name of regi	-		Jo	hn S.	RA	men.	ed when reinst	٠.			4/16/	97		
12.	Olgradia typod		RS AND DIR			13.	o vigio in ang	, interested in			ANGES TO C	OFFICI	FRS AND	DIRECTO	RS IN 12	
TITLE	PSD				DELETE	1.1 7(1	LE							☐ Change		ddition
NAME	RANSOM	I, JOHN S				1.2 NA	ME									
STREET ADDRESS 4262 NORTHLAKE BOULEVAR						1.3 ST	REE1 ADDI	RESS								
CITY-ST-ZIP PALM BEACH GARDENS FL 33				410			1.4 CITY- ST-ZIP							•		
TITLE				[DELETE	2.1 111								Change	A	ddition
NAME						2.2 NA	M£.									
STREET ADDRESS	STREET ADDRESS				2.3 \$			RESS								
CITY-ST-ZIP				2.4			1Y-S1-ZI	Р								
TITLE				Ţ	DELETE	3.1 70	LF							Change	A	ddition
NAME				3.2 N												
STREET ADDRESS						3.3 \$1	REET ADDI	RESS								-
CITY-ST-ZIP						3.4. C	TY- S1 - ZI	P								
TITLE					DELFTE	4.1 10	ιE							☐ Change	[] A	ddition
NAME						4. 2 N	/ME									1
STREET ADDRESS						4.3 \$1	REET ADDI	PESS								
CITY-ST-ZIP						4.4 CI	Y-ST-ZIF									
TITLE				T	DELETE	5.1 717	ιE							☐ Change	☐ A	ddition
NAME						5.2 NA	ME									ļ
STREET ADDRESS						5.3 ST	relt addi	RESS								ł
CITY-ST-ZIP						5.4 CI	Y-S1-ZIF	·								
TITLE				I	DELETE	6.1 10	LF							Change	L A	ddition
NAME						6.2 NA	ME									
STREET ADDRESS						6.3 \$1	REET ADDI	RESS								

14. I do hereby certify that the information supplied with this filing does not quality 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.