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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90036 017 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000036566

1. Corporation Name

J.A. FOX ENTERPRISES, INC.



Principal Place of Business 3849 NE LINDA DRIVE JENSEN BEACH FL 34957	Mailing Address 3849 NE LINDA DRIVE JENSEN BEACH FL 34957
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 741 NE TOWN TERRACE Suite, Apt. #, etc.		2a. Mailing Address 26 741 NE TOWN TERRACE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/17/1996
22 City & State 23 JENSEN BEACH FL Zip 24 34957 Country 25 MARTIN		27 City & State 28 JENSEN BEACH FL Zip 29 34957 Country 30 MARTIN		4. FEI Number 65-0660946 Applied For Not Applicable
23 JENSEN BEACH FL		28 JENSEN BEACH FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 JENSEN BEACH FL		28 JENSEN BEACH FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23 JENSEN BEACH FL		28 JENSEN BEACH FL		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

MCCARTHY, TERENCE P
2081 E. OCEAN BLVD. SECOND FLOOR
STUART FL 34996

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 title if applicable.

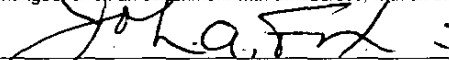
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOX, JOHN A 3849 NE LINDA DR JENSEN BCH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 741 NE TOWN TERRACE JENSEN BEACH FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FOX, SUSIE 3849 NE LINDA DR JENSEN BCH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 741 NE TOWN TERRACE JENSEN BEACH FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

 John A. Fox 1/7/99 (561) 334-5957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #