## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/07: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| 1. Corporation   | MENT # P96000<br>OXTROT CORPORATION   | 051853 (5)  |   |   | 181 81181 11881 18181 81188 1118 1118                         |
|--|---|---|---|---|---|
| Principal Place of Business  |   | Mailing Address   |   |   | (B) 0((B) 1(00f (B))) 0(400 ())[ (B)(                         |
| 13625 LAMIRADA CIRCLE  |   | 13625 LAMIRADA CIRCLE   |   | ì   |   |
| WEST PALM BEACH FL 33414   |   | WEST PALM BEACH FL 33414  |   |   |   |
|  |   |   |   | DO NOT WRITE IN   |   |
|  |   |   |   | 06/18/1996  | a. Date of Last Report  |
|  | lace of Business  | 2a. Mailing Address   |   | 4. FEI Number 65 - 06802  | 47 Applied For  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   | 43 0-101.   | The report of   |
| 22   |   | 27 Suite, Apt. #, etc.  |   | 5. Certificate of Status Desired  | 38.75 Additional<br>Fee Required                              |
| City & State   |   | City & State  | <del></del>   | 6. Election Campaign Financing  | \$5.00 May Be   |
| 23   | _   | 28  |   | Trust Fund Contribution   |   |
| Zip  | Country   | Zip   | Country   | 8. This corporation owes or has paid th   | <del></del> <del>_</del>                                      |
| 24   | 25  | 29  | 30  | Personal Property Tax due June 30.  | Yes No  |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent |   |   |   |   |   |
| FER  | RRIN, MICHAEL J   |   | 81 Name   |   |   |
| 1400 CENTREPARK BLVD.  |   |   | 82 Street Ac  | Idress (P.O. Box Number is Not Acceptable)  | <del></del>   |
| SUITE 909  |   |   |   |   |   |
| WEST PALM BEACH FL   |   |   | 83  |   |   |
|  |   |   | 84 City   |   | 85 Zip Code   |
|  |   |   | " "   |   | FL  |
| 11. Pursuant office or reagent. La   | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State of<br>m familiar with, and accept the obligation | and 607.1508, Florida Statute<br>of Florida, Such change was a<br>tions of, Section 607.0505, Flo | es, the above-named co<br>outhorized by the corpor<br>orida Statutes. | orporation submits this statement for the purporation's board of directors. I hereby accept the | ose of changing its registered<br>e appointment as registered |
| SIGNATURE  |   |   |   |   |   |
|  |   |   | Registered Agent signature rec  |   | ATE   |
| 12.  | D OFFICERS AND  | DELETE  | 13.   | ADDITIONS/CHANGES TO OFFICERS   | Change Addition   |
| NAME ,   | FERRIN, MICHAEL J   | occur   | 1.2 NAME  | PRESIDENT, TREAS.   |   |
| STREET ADDRESS   | 13625 LAMIRADA CIRCLE   |   | 1.3 STREET ADDRESS  |   |   |
| CITY-ST-ZIP  | WEST PALM BEACH FL 33414  |   | 1.4 CiTY-ST-ZIP   |   |   |
| TITLE  | D   | DELETE  | 2.1 NTLE  | V. PRES + SEC   | Change Addition   |
| NAME   | FERRIN, MARGARET A  | _   | 2.2 NAME  | 777ND 4 3EC   | _ • _   |
| STREET ADORESS   | 13625 LAMIRADA CIRCLE   |   | 2.3 STREET ADDRESS  |   |   |
| CITY-ST-ZIP  | WEST PALM BEACH FL 33414  |   | 2. 4 CITY-ST-ZIP  |   |   |
| TITLE  |   | ☐ DELETE  | 3.1 TITLE   |   | ☐ Change ☐ Addition   |
| NAME   |   |   | 3.2 NAME  |   |   |
| STREET ADORESS   |   |   | 3.3 STREFT ADDRESS  |   |   |
| CITY-ST-ZIP  |   |   | 3 4. CITY - ST - 7iP  |   | •   |
| TITLE  |   | ☐ DELETE  | 4.1 10TLE   |   | Change Addition   |
| NAME   |   |   | 4. 2 NAME   |   |   |
| STREET ADDRESS   |   |   | 4.3 STREET ADDRESS  |   |   |
| CITY-ST-ZIP  |   |   | 4.4 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  |   |   |
| STREET ADDRESS   |   |   | 6.3 STREET ADDRESS  |   |   |

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.

**FILED** 

Sep 03 1997 8:00am

Secretary of State