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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

2125 S.E. ERWIN ROAD

1997

2125 S.E. ERWIN ROAD

DOCUMENT # P96000082071 (7)

FOXTECH INTERNATIONAL, INC.

Principal Place of Business Mailing Address

FILED Mar 28 1997 8:00am Secretary of State



PORT ST. LUCIE FL 34952		PORT ST. LUCIE FL 34952-5538								
						3. Date Incorporated or Qualified 10/01/1996	3a. D	ate of L	ast Rep	ort
2. Principal Pi 21	ace of Business	2a. Mailing Address 26			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. FEI Number			Applied For Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.			-	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing \$5.00 May E Trust Fund Contribution Added to Fee				
Z(p	Country 25	Zip 29	Count 30	iry		8. This corporation has liability for Florida Statutes	ntangible Yes [		der s. 1	99.032,
	9. Name and Address of Curr	ent Registered Agent			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10. Name and Address of New Re	gistered	Agent		
DON	OHUE, FRANCIS T		8	11	Name					
2125	S.E. ERWIN ROAD T ST. LUCIE FL 34952		8	12	Street Address (P.O. Box Number is Not Acceptable)					
_			8	13						
•			8	4	City		FL	85	Zip Co	de
agent. La	m lamiliar with, and accept the obli-	igations of, Section 607.0505, FI	lorida Statut	tes.		ion's board of directors. I hereby accepted when reinstating)	DATÉ			
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AN	5 DIRE	CTORS	IN 12
THEF	D	DELETE	1.1 TITLE	E	D	C\$0		Ch	ange	Addition
NAME	DONOHUE, FRANCIS T		1.2 NAM	IE	D	NOTICE FRANCIST				
STREET ADDRESS	2125 S.E. ERWIN ROAD		1.3 STRE	EFT #	ADDRESS 2	125 SE GROUN RD	_			
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	•	1.4 CITY		IZIP A	AT ST LUCIE, FL 34	452			
TITLE		DELETE	2.1 100		Med	DAT ST LUCIE, FL 34 DNOWL, PATRICIA 2617 SE BOUIN RD PORT ST LUCIE, FL		Ch	ange	Addition
NAMÉ			2.2 NAM	ΙĒ		TAIT SE BOWIN RD				
STREET ADDRESS			2.3 STRE	EET /	ADDRESS	PART ST LUCIE FL	8495°	_		
CITY ST-ZIP			2. 4 CITY		T-ZIP	704, 0, 400, 5, 1	- · <b>, ·</b> -			
TITLE		☐ DELETE	3.1 TITLE					L Ch	ange	Addition
NAME			3.2 NAM	ſΕ						
STREET ADDRESS			3.3 STRE	E1#	ADDRESS					
CiTy - S1 - ZIP			3.4. CITY	Y-S1	T-ZIP					
TITLE		DELETE	4.1 TITLE	E				Ch	ange	Addition
NAME			4. 2 NAM	Æ						
STREET ADDRESS			4.3 STRE	EET A	ADDRESS					
CITY - ST - ZIP			4.4 CITY	-ST	-ZIP					
TiTLE		DELETE	5.1 TITLE					Ch	ange	Addition
NAME			5.2 NAM	IE 1	T -			N.	_ 1	n 0.93
STREET ADDRESS.	l				address			111	21	40 L
CITY - ST - ZIF			5.4 CITY	-st	1- <b>Z</b> IP			טי	<u>U</u>	-
TITLE		☐ DELETE	6.1 TITLE	E				_ Ch	ange	Addition
NAME			62 NAM	iE i		40000212 -03/31/970100	Ç.	<b>⊅</b> 4		
STREET ADDRESS			6.3 STRE	ET#	ADORESS	-03/31/9(010)	J4U	Uک		
CITY-ST-ZIP			6.4 CITY	- ST	1-2IP	***165.00				
	by cortify that the information supp	ied with this filing does not qual				Lin Section 119.07(3)(i) Florida Statute	s I furthe	r certife	that th	Α

I do hereby certify that the information supplied with this filling 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 granged, or on an attachment with an address.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/97

V8/-335-7562