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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 P96000082071 (7) DOCUMENT #

FOXTECH INTERNATIONAL, INC.

Principal Place of Business

2125 S.E. ERWIN ROAD PORT ST. LUCIE FL 34952 Mailing Address

2125 S.E. ERWIN ROAD PORT ST. LUCIE FL 34952

FILED Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/01/1996

21	26			APPLIED FOR		- 	ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			 		\$8.75	
22				5. Certificate of Status Desired		Fee Re	
City & State	City & State			6. Election Campaign Financing		\$5.00	May Re
23	28			Trust Fund Contribution		Added t	
Zip Country	Zip	Country	-	8. This corporation owes or has pa	id the cu	rrent year int	angible
24 25	29	30		Personal Property Tax due June	30. ¹	□. Yes □	No
9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered	Agent	
DONOHUE, FRANCIS T		81	Name				
2125 S.E. ERWIN ROAD		82	Street Addr	ess (P.O. Box Number is Not Acceptab	(e)		
PORT ST. LUCIE FL 34952		"	Gurdol / toda	to the property of the property of	,		
		83	<u> </u>				
		84	City			loc Zin /	Cado
		84	City		FL	_ 85 Zip (Code
11. Pursuant to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s, the above	-named corp	oration submits this statement for the p	urpose ¢	f changing it	s registered
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli	te of Florida. Such change was a ligations of Section 607 0505. Flor	uthorized by	the corporati	ion's board of directors. I hereby accep	ot the app	poîntment as	registered
	gardis of decitor our good, Field	nda olalgioc					
Signature, typed or printed name of registered a	gent and title if applicable. (NOTE	: Registered Age	nt signature require	ed when rainstating)	DATE		
	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS ANI	DIRECTOR	S IN 12
TITLE DCEO	DELETE	1.1 TITLE				Change	Addition
NAME DONOHUE, FRANCIS T		1.2 NAME					
STREET ADDRESS 2125 S.E. ERWIN ROAD		1.3 STREET	ADDRESS				
CITY-ST-ZIP PORT ST. LUCIE FL 34952		1.4 CITY-S	T-ZIP				
TITLE D	☐ DELETE	2.1 TITLE				Change	Addition
NAME DONOHUE, PATRICIA		2,2 NAME					
STREET ADDRESS 2617 SE GOWIN RD		2.3 STREET	ADDRESS				
CITY-ST-ZIP PORT ST LUCIE FL 34952		2. 4 CITY-5	ST-ZIP	ويحاث	7-47		
TITLE	DELETE	3.1 TITLE				Change	Addition
NAME		3.2 NAME	1				
STREET ADDRESS		3.3 STREET	ADDRESS				
CITY-ST-ZIP		3.4. CITY - S	ST-ZIP				
TITLE	☐ DELETE	4.1 TUTLE				Change	Addition
NAME		4, 2 NAME					
STREET ADDRESS		4.3 STREET	ADDRESS				
CITY-ST-ZIP		4.4 CITY-S					
TITLE	DELETE	5.1 TITLE				☐ Change	Addition
NAME	_	5,2 NAME					- -
STREET ADDRESS		5.3 STREET	ADDRESS				
CITY-ST-ZIP		5.4 CITY-S					
TITLE	DELETE	6.1 TITLE				Change	Addition
NAME	-	6.2 NAME				_	
STREET ADDRESS		6.3 STREET	ADDRESS				
CITY-ST-ZIP		6.4 City-S	ſ				
14. I hereby certify that the information supplied	with this filing does not qualify for	r the exemp	tion stated in	Section 119.07(3)(i). Florida Statutes. 1	further or	ertify that the	information
indicated on this annual report or supplement	ntal annual report is true and accu	rate and the	at my signatur	e shall have the same legal effect as if	made ur	nder oath; the	at I am an
I hereby certify that the information supplied indicated on this annual report or supplement officer or director of the corporation of the reBlock 12 or Block 13 if changed, or on an att	tachment wan an address.	xecale fulls i	report as requ	ared by Chapter 607, Florida Statutes;	au to triati	шу патне арқ	Dears III
1							
SIGNATURE Manuel	OR PRINTED NAME OF SIGNING OFFICER		<u> </u>				
SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICER (OR DIRECTOR		Date	Г	Davtimo Phone #	0488492