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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mo<u>rtham</u>

Secretary of State

DIVISION OF CORPORATIONS

1997

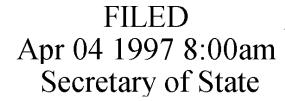
DOCUMENT # P96000101971 (5)

OX MOTOR CLUB INC.

Principal Place of Business

Mailing Address

11915 161 STREET NO JUPITER FL 33478 11915 161 STREET NO JUPITER FL 33478-8211





2. Principal Place of Business	3. Date Incorporated or Qualified 12/16/1996 4. FEI Number (55-07/5/26) 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 10. Name and Address of New Registered Agent
26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27	4. FÉI Number (05-07/5/26) 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Applied For Not
Suite, Apt. #, etc. 22 City & State City & State 23 Zip Country Zip Country 24	5. Certificate of Status Desired S8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
Suite, Apt. #, etc. 22 City & State City & State 23 Zip Country 25 P. Name and Address of Current Registered Agent OCHS, CHRIS 11915 161 STREET NO JUPITER FL 33478 Suite, Apt. #, etc. 27 City & State 28 Zip Country Zip Country Zip Country Zip Agent 81 Name 82 Street Add Street Add	Fee Required Fee Required Fee Required Fee Required Fee Required St.00 May Be Added to Fees Added to Fees Fee Required St.00 May Be Added to Fees Fee Required St.00 May Be Added to Fees Florida Statutes Yes No
City & State	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
Country Zip Country Zip Country Zip Country Zip	Florida Statutes Yes No
9, Name and Address of Current Registered Agent OCHS, CHRIS 11915 161 STREET NO 32 Street Add JUPITER FL 33478	Florida Statutes Yes No
9. Name and Address of Current Registered Agent OCHS, CHRIS 11915 161 STREET NO 32 Street Add JUPITER FL 33478	10. Name and Address of New Registered Agent
11915 161 STREET NO 82 Street Add JUPITER FL 33478	
11915 161 STREET NO JUPITER FL 33478	
JUPITER FL 33478	dress (P.O. Box Number is Not Acceptable)
83	diess (1.0. box Mullipor is Not Acceptable)
Table Tabl	
84 City	85 Zip Code
	FL 69 ZP COOE
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named coroffice of registered agent or both, in the State of Florida. Such change was authorized by the corporal agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature typed or profed name of registered agent and tille if applicable (NOTE Registered Agent signature requirements)	uired when reinstating) DATE
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P DELETE 1.1 TITLE	Change Addition
NAME OCHS, CHRIS 1.2 NAME	
STREET ADDRESS 11915 161 STREET NO 1.3 STREET ADDRESS	
City-St-7iP JUPITER FL 33478	
TOTLE DELETE 2.1 TITLE	Change Addition
NAME 22 NAME	
STHEET ADDRESS 2.3 STREET ADDRESS	
CHY-S1-7IP 2.4 CHY-S1-ZIP	
TITLE DELETE 3.1 TITLE	☐ Change ☐ Addition
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
THE DELETE 4.1 THE	Change Addition
NAME 4. 2 NAME	
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STREET ADDRESS 4.3 STREET ADDRESS	*
CITY - S1 - ZIP	Change Addition
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NAM: 5.2 NAME	
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	Change Addition
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NAME 6.2 NAME	
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify fit the exemption state	

I. I do hereby certify that the information supplied with this filing does not qualify tof 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 of the receiver or truffice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it charged or on an attach replication with an orderes.

SIGNATURE:

ATUNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/97

56/-743-0764 Daylime Phone # 0007217