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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000039736 (8)

JAMES E. COX JR. AND ASSOCIATES INC. Principal Place of Business Mailing Address 758 S.E. 15TH AVENUE 758 S.E. 15TH AVENUE DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/05/1997 2. Principal Place of Business 2a. Mailing Address Applied For 45-0762806 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution 28 Added to Fees Žip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 🖸 Yes 🔲 No 24 25 29 30 Personal Property Tax due June 30. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent Name FILINGS, INC. Z3MES. ع COX Jr. 3732 N.W. 16TH STREET Street Address (P.O. Box Number is Not Acceptable) 82 FT. LAUDERDALE FL 33311-4132 83 84 <u>seert</u> 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE NAME COX, JAMES E JR 1.2 NAME 758 S.E. 15TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS **DEERFIELD BEACH FL 33441** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE DIAZ. MARTA E 2.2 NAME NAME STREET ADDRESS **758** S.E. 15TH AVENUE 2.3 STREET ADDRESS **DEERFIELD BEACH FL 33441** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE Change TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Channe Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

14. Thereby 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 changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

Marie 6

City-ST-7IP

28 Cal 40

**FILED** 

Mar 05 1998 8:00am

Secretary of State