May 07, 1999 8:00 am Secretary of State

05-07-1999 90038 011 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000045923

Corporation     TOV TEC		N								
FOX TEC	CHNOLOGY CORPORATIO	N					1 200120 01 110 10117 10011 00117 0011	1 <b>88</b> 111 <b>88</b> 111 <b>8181</b> 1 <b>8</b> 1717	# 1837 <b>0</b> 10	naa mal seeti
Dringing Place	of Rusiness	Mailing Address	_					i <b>Bal</b> ik <b>Baik Alba</b> h Billi	A FORTION IN	99      1681
2630 ASHTON ROAD  SARASOTA FL 34231  SARASOTA FL 34231										
		•						E IN THIS SPACE	<u>:</u>	
							3. Date Incorporated or Qualifed 05/23/1997			
2. Principal Pl	ace of Business	2a. Mailing Addres	s				4. FEI Number		Appl	ied For
21		26					65-0759208		Not /	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.				5. Certifcate of Status Desired			ditional
22		27						- Fe	e Requ	
City & Stat	е	City & State					Election Campaign Financing     Trust Fund Contribution	1 1	. <b>00</b> м ded to	•
Zip	Country	Zip		Country			8. This corporation owes the currer	nt vear Intangible		
24	25	29	30	,			Personal Property Tax.	☐ Yes	7	No l
	9. Name and Address of Curre			$\top$			10. Name and Address of New Re	gistered Agent		
				81	Name					
AMERILAWYER CHARTERED				82	Street	Δddres	s (P.O. Box Number is Not Acceptab	ile)		
343 ALMERIA AVENUE				02	Oliveer /	nadica	Sa (1.0. Box (talliber to the resolution			
COR	AL GABLES FL 33134			83						
				84	City		<u>, , , , , , , , , , , , , , , , , , , </u>	85	Zip Co	de
					-			FL   _	•	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida	Statutes, th	e above	e-named	corpor	ation submits this statement for the p 's board of directors. I hereby accept	urpose of changing	ig its re as regi:	egistered stered
office or n	egistered agent, or both, in the Stat m familiar with, and accept the oblig	ations of, Section 607.05	05, Florida S	Statutes	·	Janon	s board of directors. Thereby accept	ине аррониличения	20 . Og.,	,
SIGNATURE										}
	Signature, typed or printed name of registered as				it signature ri	equired v	hen reinstating) ADDITIONS/CHANGES TO OFFI	DATE	CTOB	S IN 12
12.		AND DIRECTORS  DEL		13.			ADDITIONS/CHANGES TO OFFI	CERS AND DIRE		Addition
TITLE	PTD DELETE FOX, JEFFREY J			1.1 TITLE				٠. ت	,	
NAME	2630 ASHTON ROAD			1.2 NAME 1.3 STREET ADDRESS						
STREET ADDRESS	SARASOTA FL 34231			1.4 CITY-ST-ZIP						
CITY-ST-ZIP	S DELETE			2.1 TITLE				Cha	ange	Addition
NAME	FOX. BELLA P	_ 522		22 NAME						
	2630 ASHTON ROAD				FADDRESS					
STREET ADDRESS	SARASOTA FL 34231		1	2. 4 CITY-S	1					
CITY-ST-ZIP	□ DELETE			3.1 TITLE				☐ Cha	ange	Addition
NAME				3.2 NAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				3.4. CITY- 9	T-ZIP					
TITLE		☐ DEL		4.1 TITLE				Cha	ange	Addition
NAME			: 4	4, 2 NAME						
STREET ADDRESS			1 4	4.3 STREET	T ADDRESS					
CITY-ST-ZIP		_	[4	4.4 CITY-S	T-ZIP					
TITLE		☐ DEL	ETE 5	5.1 TITLE				☐ Cha	ange	Addition
NAME				5.2 NAME						
STREET ADDRESS			] 5	5.3 STREET	TADDRESS					
CITY-ST-ZIP				5.4 CITY-S	T-ZIP					
TITLE		☐ DEL		3.1 TITLE				Cha	ange	☐ Addition
NAME			<b>1</b> 6	6.2 NAME		1				

CITY-ST-ZIP 14. I 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 a attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS