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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000052879 (8)

FILED Feb 05 1998 8:00am Secretary of State

THE FOX FINANCIAL GROUP, INC. Principal Place of Business Mailing Address 142 ISLE DR. PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/16/1997 2a. Mailing Address Applied For 65-0766-912 5mm Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Sopme 27 Fee Required 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\sigma\) No Personal Property Tax due June 30. 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent SAME MAM MATHISON, STEPHEN S 142 ISLE DR. 82 PALM BEACH GARDENS FL 33418 83 84 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE CRATZ, STEPHANIE P Sout 109 142 ISLE DR. STREET ADDRESS 1.3 STREFT ADDRESS 1. 33410 PALM BEACH GARDENS FL 33418 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITI E 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 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 Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with the 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 arrival report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 attactment with a corporation or the receiver of the corporation of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver

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