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Apr 27, 1999 8:00 am  
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04-27-1999 90162 013 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000008826

1. Corporation Name  
DOUGLAS J. COX, INC.

Principal Place of Business  
1750 S. TREASURE DR., #2  
N. BAY BILLAGE FL 33141

Mailing Address  
1750 S. TREASURE DR., #2  
N. BAY BILLAGE FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/26/1998

4. FEI Number  
65-0811454

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 880 NE 69th Street

Suite, Apt. #, etc.

22 9G

23 Miami FLORIDA

24 33138 25 U.S.A.

2a. Mailing Address

26 P.O. BOX 310124

Suite, Apt. #, etc.

28 Miami FLORIDA

29 33231 30 U.S.A.

9. Name and Address of Current Registered Agent

COX, DOUGLAS J  
1750 S. TREASURE DR., #2  
N. BAY BILLAGE FL 33141

10. Name and Address of New Registered Agent

81 Name COX, DOUGLAS J.  
82 Street Address (P.O. Box Number is Not Acceptable)  
880 N.E. 69th ST.  
APT 9G  
83  
84 City Miami FL 85 Zip Code 33138

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 Douglas J. Cox DOUGLAS J. Cox

5/26/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME COX, DOUGLAS J  
STREET ADDRESS 1750 S. TREASURE DR., #2  
CITY-STATE-ZIP N. BAY BILLAGE FL 33141

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME COX, DOUGLAS J.  
1.3 STREET ADDRESS 880 N.E. 69th ST  
1.4 CITY-STATE-ZIP Miami FL 33138

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 an attachment with address, with all other like empowered.

SIGNATURE Douglas J. Cox DOUGLAS J. Cox

5/26/99 305757-8572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)