

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


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

DOCUMENT # P98000093292

1. Corporation Name

COX MASTERWORKS, INC.

Principal Place of Business

 12661 MILLS RIDGE LANE
JACKSONVILLE FL 32258

Mailing Address

 12661 MILLS RIDGE LANE
JACKSONVILLE FL 32258


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1998

4. FEI Number

59- 3541428

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COX, MARTIN B
12661 MILLS RIDGE LANE
JACKSONVILLE FL 32258

(P.O. Box Number is Not Acceptable)

FL 85 Zip Code

 11. Pursuant to the provisions of Sections 607.0502 and 607
office or registered agent, or both, in the State of Florida,
agent, I am familiar with, and accept the obligations of, S

 corporation submits this statement for the purpose of changing its registered
on's board of directors. I hereby accept the appointment as registered

SIGNATURE

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

Signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

TITLE	President, Director	<input type="checkbox"/> DELETE
NAME	Dereen Murray	
STREET ADDRESS	12661 Mills Ridge Lane	
CITY-ST-ZIP	Jacksonville, FL 32258	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	Vice President, Director	<input type="checkbox"/> DELETE
NAME	Martin B. Cox	
STREET ADDRESS	12661 Mills Ridge Lane	
CITY-ST-ZIP	Jacksonville, FL 32258	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 an attachment with an address, with all other like empowered.

 SIGNATURE: Dereen Murray **DEREEN MURRAY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

574-95 (904) 292-1000

Office

Daytime Phone #

CR2E034 (11/98)