Mailing Address

#113

26

27

180 CRANDON BLVD.

2a. Mailing Address

City & State

KEY BISCAYNE FL 33149

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # S31784

1. Corporation Name

Principal Place of Business 180 CRANDON BLVD.

KEY BISCAYNE FL 33149

Suite, Apt. #, etc.

2. Principal Place of Business

FOX ROSE RESOURCES, INC.

City & Stat	e	City & State	City & State				1 1 1 1							. 00 May Be	
:3		28	- <u>-</u>				Tru	ust Fund C	Contributi	on			Add	ed to	ees
Zip	Country	Zip Coul			ntry			This corporation owes the current year Personal Property Tax.						_	lu.
4	25 29 30								<u> </u>		.		Yes	<u>L</u>]No
	9. Name and Address of Current	Registered Agent		81	NI		10. Na	me and	Address	of New	Registe	rea Aç	gent .		
I OW	YMAN, ROBERT M			61	Name)									
240 CRANDON BLVD. SUITE 202 KEY BISCAYNE FL 33149					Street	Address	s (P.O.	Box Num	ber is No	t Accept	able)				
					<u> </u>										
KLI	DIOCATRE LE 33149			84	City								85 Z	Zip Co	de
												FL	بلدا		
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligati	if Florida. Such chan	ge was authori:	zed by	the corp	d corpora coration's	ition su s board	ibmits this I of directo	stateme ors. I her	ent for the eby acce	purposept the a	e of ch ppointr	nent a	its re s regis	gistered itered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Registe	rod Agen	t eignatura	zeguired wh	on remets	ating)			DATI	F			
12.	OFFICERS AND			3.	. agraidie	Toquiros Wil		DITIONS/C	HANGE	S TO OF			DIREC	TOR	5 IN 12
TITLE	PD			I TITLE		T							Chan		Addition
NAME	ROSELLINI, SUSAN E FOX		1.3	2 NAME											
STREET ADDRESS	257 CRANDON BLVD 207		1.3	1.3 STREET ADDRESS		s									
CITY-ST-ZIP	KEY BISCAYNE FL			4 CITY-S											
TITLE		Di		TITLE								[Chan	ge	Addition
NAME			. 2.	2 NAME											
STREET ADDRESS			2	3 STREET	ADDRESS	,									
CITY-ST-ZIP				4 CITY-S											
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NAME			3.	2 NAME											
STREET ADDRESS			3.	STREET	ADDRESS	<u>;</u> [
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NAME			4	2 NAME											
STREET ADDRESS			4.	3 STREET	ADDRESS	3									
CITY-ST-ZIP			4	4 CITY-S	r-ZIP										
TITLE		□ DI	ELETE 5.	TITLE								Ī	Chan	ge	Addition
NAME			5.	2 NAME											
STREET ADDRESS			5.	3 STREET	ADDRESS	3									
CITY-ST-ZIP			5.	4 CITY-S	T-ZIP										
TITLE		□ D	ELETE 6.	1 TITLE								ļ	Chan	ige	☐ Addition
NAME			6.	2 NAME											
STREET ADDRESS			6.	3 STREET	ADDRESS	3									
CITY-ST-ZIP				4 CITY-S											
14. I hereby of indicated officer or	certify that the information supplied witl on this annual report or supplemental director of the corporation or the recei- or Block 13 if changed, or on an attent	annual report is true ver o <u>r trustee</u> empow	and accurate a ered to <u>exec</u> ute	nd that e this re	t my sigi eport as	nature sr required	าali hav	ve the san	ne legal e	enect as	it made	unaer	oatn; tr	natia	m an

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90049 007 ***150.00

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

02/14/1991

65-0245084

4. FEI Number

CR2E034 (11/98)