FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V04626

(0)

COX MANAGEMENT, INC.

FILED Mar 10 1998 8:00am Secretary of State

	144 019 8 L 91000 1841 S.W. SGN ANTONIO		San Antonio	DO NOT WRITI	E IN THIS SPACE
Paln	~ 6: 44 FL 34990	Palm Cit	y PL 34996	01/07/1992	
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		[26]		65-0309848	Not Applicable
Suite, Apt.	#. elc	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has p	
24	25	[29]	[30]	Personal Property Tax due June	
	g, Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New R	
	X, THOMAS H.		. '' ''' ''		intungible tax owed
	96 GW DIMINITCIRTS 150 LS L M-CITY FL-849 90	S.W. San Anton	82 Street Addre	ess (P.O. Box Number is Not Accepta	ble)
'^	Delan	16:14 FL 34998	83		
ļ.	(aur	Sugar			
		57170	84 City		FL 85 Zip Code
agent I a SIGNATURE	egistored agent, or both, in the State of m familiar with, and accept the obligation of the state of the stat	tions of, Section 607.0505, Flo	authorized by the corporation of	ed when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	COX, THOMAS H.	DELETE	1.1 TITLE		Change Addition
NAME	4090 GW DIMINI CIR \$ 150	ol sw. San Anton	1.2 NAME		
STREET ADDRESS	PALM CITY FL	Imcity FC	1.3 STREET ADDRESS 1.4 City-S1-Zip		
CITY-ST-ZIP TITLE	DST	T DELETE	2.1 TITLE		Change Addition
NAME		S.W. SAN ANTON'S	a		
STREET ADDRESS	ACCE HW FUMINI CID-C		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM OITY FL Poll	nelly FL	2.4 CITY-ST-ZIP		
TITLE		DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-S1-ZIP		DELETE	3.4. CHY-ST-ZIP		Change Addition
ŀ		Dotter			CT change CT vacation
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADORESS		
CITY-ST-ZIP			4.4 CITY-S1-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		_	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. Thereby contify 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 suppliemental 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.

3-4-98