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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V28277 (4)
1. Corporation Name
FOX DOR, INC.

Principal Place of Business

6949 SUNSET STRIP
SUNRISE FL 33313

Mailing Address

6949 SUNSET STRIP
SUNRISE FL 33313-2865

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

BRYCE, CARLTON
6949 SUNSET STRIP
SUNRISE FL 33313

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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-registering)

12. OFFICERS AND DIRECTORS

TITLE VPS ☐ DELETE

NAME THORNE, DOREEN

STREET ADDRESS 701 SW 78 AVE.

CITY-ST-ZIP N. LAUDERDALE FL 33088

TITLE PD ☐ DELETE

NAME BRYCE, CARLTON

STREET ADDRESS 701 SW 78TH AVE.

CITY-ST-ZIP N. LAUDERDALE FL 33088

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to appear in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

S. Bryce

3. Date Incorporated or Qualified

04/11/1992

3a. Date of Last Report

04/29/1996

4. FEI Number

65-0329160

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

I, the above-named corporation submits this statement for the purpose of changing its registered agent by the corporation's board of directors. I hereby accept the appointment as registered agent.

Agent signature required when re-registering

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is accurate and that my signature shall have the same legal effect as if made under oath; that I execute this report as required by Chapter 607, Florida Statutes; and that my name

CR2E034 (9/96)