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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V64194

THE RED FOX GROUP, INC.

Principal Place of Business	Mailing Address
636 LA JOLLA	636 LA JOLLA
SUN CITY CENTER FL 33573	SUN CITY CENTER FL 33573

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90116 014 ***150.00



Principal Plac	e of Business	Mailing Address						
636 LA JOLLA 636 LA JOLLA								
SUN CITY CENTER FL 33573 SUN CITY CENTER FL 33573						DO NOT MIDITE IN THIS	CDACE	
					j	DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SPACE	
,]			j
						09/15/1992		lied For
Principal Place of Business 2a, Mailing Address				- <u>-</u> -	m + + , +,	4. FEI Number	• —	oplied For
21 26						59-3139998		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	. +	Additional equired
22		27		:				·
City & State City & State						6. Election Campaign Financing		May Be
23 28						Trust Fund Contribution	Added	to Fees
Zip Country Zip Cou			untry	,		This corporation owes the current year Int		
24	25	29 30				Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered	Agent	
			81	١	Name			
l	IT, HELEN V.		82	١.	Stroot Address	ss (P.O. Box Number is Not Acceptable)	· · · · · ·	
636 LA JOLLA			102	Street Address (P.O. Box Number is Not Acceptable)				
SUN	I CITY CENTER FL 33573		83					
				L				
Ì			84	C	City	FL	85 Zip	Code
<u></u>		22 and CO7 1500 Florido Statutas the	above		amod corner	ation submits this statement for the purpose of	changing its	s registered
11, Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida. Such change was authorize	above ed by	the	e corporation	's board of directors. I hereby accept the appoi	ntment as r	egistered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florida Sta	tutes	5.	•			
SIGNATURE	•							
0.07	Signature, typed or printed name of registered age			nt sig	gnature required w			
12.		ID DIRECTORS 13				ADDITIONS/CHANGES TO OFFICERS AN		ORS IN 12 Addition
TITLE	PSTD	DELETE 1.1	ITTLE				☐ Change	☐ Addibon
NAME	HUNT, HELEN V.	1.2	NAME					
STREET ADDRESS	636 LA JOLLA AVE	1.3	STREET	T ADI	DRESS			ļ
CITY-ST-ZIP	SUN CITY CENTER FL 33573-5104		CITY-S	T-ZII	IP			
TITLE	VD	☐ DELETE 2.1	IIILE				Change	☐ Addition
i : NAME	HUNT, J. MARK	2.2	2.2 NAME					
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	SUN CITY CENTER FL 33573-5104				1			
i CITY-ST-ZIP	SON OUT OF WIETER BOOTO		3.1 TITLE				☐ Change	☐ Addition
TITLE			3.2 NAME				_ ,	
NAME	· ·							
STREET ADDRESS					DDRESS	•		
CITY-ST-ZIP			CITY-S	ST-Z	ZIP		Change	Addition
TITLE			4.1 TITLE				T CHAIRB	
NAME		4. 2	NAME					
∯ STREET ADDRESS		4.3	STREET	TAD	DORESS			
CITY-ST-ZIP		4.4	CITY-S	ST-ZŁ)P			
TITLE	1	☐ DELETE 5.1	MLE				Change	Addition
		5.2	NAME					
i ja 1 jaikeel address		5.3	STREET	TAD	DRESS			
ST ZIP		5.4	CITY-S	T-ZI	IP [
-	COLUMN TO		TITLE	-			Change	☐ Addition
	1				i			

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.

6.3 STREET ADDRESS 6.4 CITY- ST-ZIP