

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortland
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P18721 (1)**
1. Corporation Name
SILVER FOX, INC.



Principal Place of Business: **1190 THIRD STREET NAPLES FL 33940**
Mailing Address: **1190 THIRD STREET NAPLES FL 33940**

3. Date Incorporated or Qualified: **04/06/1988** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **56-1129676** Applied For: Not Applicable:
5. Certification 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

2. Principal Place of Business: 21. State, Apt. #, etc.: 22. City & State: 23. Zip: 24. County: 25. State, Apt. #, etc.: 26. City & State: 27. Zip: 28. County: 29. State, Apt. #, etc.: 30. City & State: 31. Zip: 32. County: 9. Name and Address of Current Registered Agent

**GREENBERG, HENRY B.
1190 THIRD STREET
NAPLES FL 33940**

81. Name: _____
82. Street Address (P.O. Box Number is Not Acceptable): _____
83. _____
84. City: _____ FL 85. Zip Code: _____

11. Pursuant to the provisions of Sections 607.0102 and 607.1501, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered 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 _____

12. OFFICERS AND DIRECTORS

CD	<input type="checkbox"/> DELETE
TITLE: CD	
NAME: GREENBERG, HENRY B.	
STREET ADDRESS: 1190 THIRD STREET	
CITY, ST, ZIP: SOUTH NAPLES FL	
SD	<input type="checkbox"/> DELETE
TITLE: SD	
NAME: GREENBERG, NANCY H.	
STREET ADDRESS: 1190 THIRD STREET	
CITY, ST, ZIP: SOUTH NAPLES FL	
T	<input type="checkbox"/> DELETE
TITLE: T	
NAME: HENDRIX, JOHN D.	
STREET ADDRESS: 1190 THIRD ST. S	
CITY, ST, ZIP: NAPLES FL	
PD	<input type="checkbox"/> DELETE
TITLE: PD	
NAME: GREENBERG, BRUCE H	
STREET ADDRESS: 4825 FOREST DR	
CITY, ST, ZIP: COLUMBIA SC	
VD	<input type="checkbox"/> DELETE
TITLE: VD	
NAME: GREENBERG, HENRY B JR.	
STREET ADDRESS: 7804 ABERCORN ST., EXT.	
CITY, ST, ZIP: SAVANNAH GA	
<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME: _____	
13. STREET ADDRESS: _____	
14. CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE: _____	
22. NAME: _____	
23. STREET ADDRESS: _____	
24. CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE: _____	
32. NAME: _____	
33. STREET ADDRESS: _____	
34. CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE: _____	
42. NAME: _____	
43. STREET ADDRESS: _____	
44. CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE: _____	
52. NAME: _____	
53. STREET ADDRESS: _____	
54. CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE: _____	
62. NAME: _____	
63. STREET ADDRESS: _____	
64. CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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.

SIGNATURE: *John D. Hendrix*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96 (941)262-6637

CR2E034 (12/95)