

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

**FILED**

**May 12 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P18721 (1)**

1. Corporation Name  
**SILVER FOX, INC.**



Principal Place of Business <b>1180 THIRD STREET NAPLES FL 33940</b>	Mailing Address <b>1190 THIRD STREET NAPLES FL 33940</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1207 THIRD ST. SOUTH</b> Suite, Apt. #, etc. 22 <b>SUITE 7</b> City & State 23 <b>NAPLES FL</b> Zip 24 <b>34102</b>	2a. Mailing Address 26 <b>1207 THIRD ST. SOUTH</b> Suite, Apt. #, etc. 27 <b>SUITE 7</b> City & State 28 <b>NAPLES FL</b> Zip 29 <b>34102</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>04/06/1988</b>	4. FEI Number <b>56-1129676</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1207 THIRD ST. SOUTH SUITE 7</b>
83	
84 City	<b>NAPLES</b>
85 State	<b>FL</b>
Zip Code	<b>34102</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENBERG, HENRY B.</b>	1.2 NAME	
STREET ADDRESS	<b>1190 THIRD STREET</b>	1.3 STREET ADDRESS	<b>1207 THIRD ST. SOUTH SUITE 7</b>
CITY-ST-ZIP	<b>SOUTH NAPLES FL</b>	1.4 CITY-ST-ZIP	<b>NAPLES FL 34102</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENBERG, NANCY H.</b>	2.2 NAME	
STREET ADDRESS	<b>1190 THIRD STREET</b>	2.3 STREET ADDRESS	<b>1207 THIRD ST. SOUTH SUITE 7</b>
CITY-ST-ZIP	<b>SOUTH NAPLES FL</b>	2.4 CITY-ST-ZIP	<b>NAPLES FL 34102</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MENDRIX, JOHN D.</b>	3.2 NAME	<b>STEPHEN J. LANE</b>
STREET ADDRESS	<b>1190 THIRD ST. S</b>	3.3 STREET ADDRESS	<b>1207 THIRD ST. SOUTH, SUITE 7</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	3.4 CITY-ST-ZIP	<b>NAPLES FL 34102</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENBERG, BRUCE H</b>	4.2 NAME	
STREET ADDRESS	<b>4825 FOREST DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBIA SC</b>	4.4 CITY-ST-ZIP	<b>29206</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENBERG, HENRY B JR.</b>	5.2 NAME	
STREET ADDRESS	<b>8235 RIVER RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RICHMOND VA</b>	5.4 CITY-ST-ZIP	<b>23229</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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CITY-ST-ZIP	<b>SOUTH NAPLES FL</b>	1.4 CITY-ST-ZIP	<b>NAPLES FL 34102</b>
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CITY-ST-ZIP	<b>COLUMBIA SC</b>	4.4 CITY-ST-ZIP	<b>29206</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE *Stephen J. Lane* **STEPHEN J. LANE TREASURER 4-20-98 941-762-7599**

CR2E034 (10/97)