

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # L81144 (2)**  
1. Corporation Name  
**LOX HAVEN, INC.**



Principal Place of Business: **1800 NE MIAMI GARDENS DR N MIAMI BEACH FL 33179 US**  
Mailing Address: **5715 MARGATE BLVD. MARGATE FL 33063**

3. Date Incorporated or Qualified: **06/18/1990**  
3a. Date of Last Report: **03/28/1995**

2. Principal Place of Business (21) Mailing Address (26)  
Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)  
City & State (23) City & State (28)  
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **65-0263631**  
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

9. Name and Address of Current Registered Agent: **SCHIMMEL, ROBERT L 3191 CORAL WAY PH2 100 S.E. 2ND STREET MIAMI FL 33145**  
10. Name and Address of New Registered Agent (81-84) Name, Street Address (P.O. Box Number is Not Acceptable), City, State (85), Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKMAN, STANLEY	1.2 NAME	
STREET ADDRESS	5715 MARGATE BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	MARGATE FL	1.4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFEFFER, STANLEY	2.2 NAME	
STREET ADDRESS	5715 MARGATE BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MARGATE FL	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZACHER, HARVEY	3.2 NAME	
STREET ADDRESS	8715 MARGATE BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	MARGATE FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLTON, RICHARD,	4.2 NAME	
STREET ADDRESS	5715 MARGATE BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	MARGATE FL	4.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAFFIN, HAROLD	5.2 NAME	
STREET ADDRESS	5715 MARGATE BLVD	5.3 STREET ADDRESS	
CITY - ST - ZIP	MARGATE FL	5.4 CITY - ST - ZIP	
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	

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)(k), 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 in an attachment with an address.

SIGNATURE: *[Signature]* Vice President 4/24/96 (954) 977-7300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)