

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000032154 (3)**

1. Corporation Name

LENOX PLACE CORPORATE, INC.



Principal Place of Business

**8931 N. FLORIDA AVE.
TAMPA FL 33604**

Mailing Address

**8931 N. FLORIDA AVE.
TAMPA FL 33604**

3. Date Incorporated or Qualified

04/25/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 **1733 FLETCHER AVENUE**

23 City & State

TAMPA, FL 33612

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 **1733 FLETCHER AVENUE**

28 City & State

TAMPA, FL 33612

29 Zip

30 Country

4. FEI Number

59-3317805

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

**WALTERS, CLIFFORD L
802 11TH STREET WEST
BRADENTON FL 34205**

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

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.

(NOT Registered Agent signature required when re-registering)

DATE

12 OFFICERS AND DIRECTORS

DELETE

11 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change

Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

P/D

RICHARD LEVIN

7646 N. LOCKWOOD RIDGE ROAD

SARASOTA, FL 34243

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

V/S/D

SUZANNE LEVIN RICE

1733 FLETCHER AVENUE

TAMPA, FL 33612

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

V/S/D

STEVEN LEVIN

P.O. BOX 93-6260

MARGATE, FL 33093-6260

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

T

JILL LEVIN

P.O. BOX 11229

KNOXVILLE, TN 37939

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

D

MARK A. FERRUCCI

1733 FLETCHER AVENUE

TAMPA, FL 33612

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

Change

Addition

00001864480

-06/18/96--01010--025

*****200.00**

S-1-96 JK

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 (changes) of an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] Treasurer *Jill Levin* 4/23/96

Date

Corporate Phone #

CR2E034 (12/95)