

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

**FILED**  
**May 02 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000032154 (3)**  
 1. Corporation Name  
**LENOX PLACE CORPORATE, INC.**



Principal Place of Business <b>1733 FLETCHER AVE. TAMPA FL 33612</b>	Mailing Address <b>1733 FLETCHER AVE. TAMPA FL 33612-1820</b>
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3. Date Incorporated or Qualified <b>04/25/1995</b>		3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>59-3317805</b>		Applied For Not Applicable	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. # etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State
23. Zip	24. Country	29. Zip	30. Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WALTERS, CLIFFORD L</b> <b>802 11TH STREET WEST</b> <b>BRADENTON FL 34205</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	<b>FL</b>	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	PO ✓	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVIN, RICHARD		1.2 NAME		
STREET ADDRESS	7646 N. LOCKWOOD RIDGE RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34243		1.4 CITY-ST-ZIP		
TITLE	VSD ✓	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICE, SUZANNE L		2.2 NAME	Rice, Suzanne L.	
STREET ADDRESS	1733 FLETCHER AVE.		2.3 STREET ADDRESS	1733 W. Fletcher Ave.	
CITY-ST-ZIP	TAMPA FL 33612		2.4 CITY-ST-ZIP	Tampa, FL 33612	
TITLE	VSD ✓	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEVIN, STEVEN		3.2 NAME	VTD Levin, Steven	
STREET ADDRESS	PO BOX 93-6260		3.3 STREET ADDRESS	P. O. Box 93-6260	
CITY-ST-ZIP	MARGATE FL 33093-6260		3.4 CITY-ST-ZIP	Margate, FL 33093-6260	
TITLE	T ✓	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVIN, JILL		4.2 NAME		
STREET ADDRESS	PO BOX 11229		4.3 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN 37839		4.4 CITY-ST-ZIP		
TITLE	D ✓	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERRUCCI, MARK A		5.2 NAME		
STREET ADDRESS	1733 FLETCHER AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612		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 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: Suzanne Rice Suzanne Rice, Vice President 3/18/97 813-960-8154  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)