


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000032154

1. Entity Name
LENOX PLACE CORPORATE, INC.



Principal Place of Business Mailing Address

21301 POWERLINE RD P.O. BOX 11229
 SUITE 312 KNOXVILLE, TN 37939 US
 BOCA RATON, FL 33433 US

DO NOT WRITE IN THIS SPACE



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3317805 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000100249
 03/31/04-80038-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEVIN, RICHARD
STREET ADDRESS	1733 WEST FLETCHER AVENUE
CITY - ST - ZIP	TAMPA, FL 33612
TITLE	VS
NAME	RICE, SUZANNE L
STREET ADDRESS	1733 FLETCHER AVE.
CITY - ST - ZIP	TAMPA, FL
TITLE	VTD
NAME	LEVIN, STEVEN
STREET ADDRESS	21301 POWERLINE ROAD SUITE #312
CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	FERRUCCI, MARK A
STREET ADDRESS	1209 ORANGE STREET
CITY - ST - ZIP	WILMINGTON, DE 19801
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **Steven Levin, Vice President February 19 2004 (865) 584-4175**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #