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FILED

Mar 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000070680 (9)

1. Corporation Name

LOX HAVEN OF PEMBROKE PINES, INC.

Principal Place of Business

5715 MARGATE BLVD.
MARGATE FL 33063

Mailing Address

5715 MARGATE BLVD.
MARGATE FL 33063-2833

3. Date Incorporated or Qualified

08/26/1996

3a. Date of Last Report

2. Principal Place of Business

21 9900 PINES BLVD.

Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

22 City & State

23 PEMBROKE PINES, FL

24 Zip

25 33024

Country

27 City & State

28 Zip

29 Country

30

4. FEI Number

65-6694767

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

BOLTON, RICHARD A
1011 IVES DAIRY ROAD
SUITE 210
NORTH MIAMI BEACH FL 33179

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 of type of registered agent, and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE ☐ DELETE

NAME
MARKMAN, STANLEY
STREET ADDRESS
5715 MARGATE BLVD.
CITY, ST, ZIP
MARGATE FL 33063

11.2 TITLE ☐ DELETE

NAME
PFEFFER, STANLEY
STREET ADDRESS
5715 MARGATE BLVD.
CITY, ST, ZIP
MARGATE FL 33063

11.3 TITLE ☐ DELETE

NAME
MARKMAN, CRAIG
STREET ADDRESS
5715 MARGATE BLVD.
CITY, ST, ZIP
MARGATE FL 33063

11.4 TITLE ☐ DELETE

NAME
ZACKER, HARVEY
STREET ADDRESS
5715 MARGATE BLVD.
CITY, ST, ZIP
MARGATE FL 33063

11.5 TITLE ☐ DELETE

NAME
BOLTON, RICHARD A
STREET ADDRESS
1011 IVES DAIRY RD.
CITY, ST, ZIP
N MIAMI BEACH FL 33179

11.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE ☐ Change ☐ Addition

11.2 NAME ☐ Change ☐ Addition

11.3 STREET ADDRESS ☐ Change ☐ Addition

11.4 CITY, ST, ZIP ☐ Change ☐ Addition

11.5 TITLE ☐ Change ☐ Addition

11.6 NAME ☐ Change ☐ Addition

11.7 STREET ADDRESS ☐ Change ☐ Addition

11.8 CITY, ST, ZIP ☐ Change ☐ Addition

11.9 TITLE ☐ Change ☐ Addition

11.10 NAME ☐ Change ☐ Addition

11.11 STREET ADDRESS ☐ Change ☐ Addition

11.12 CITY, ST, ZIP ☐ Change ☐ Addition

11.13 TITLE ☐ Change ☐ Addition

11.14 NAME ☐ Change ☐ Addition

11.15 STREET ADDRESS ☐ Change ☐ Addition

11.16 CITY, ST, ZIP ☐ Change ☐ Addition

11.17 TITLE ☐ Change ☐ Addition

11.18 NAME ☐ Change ☐ Addition

11.19 STREET ADDRESS ☐ Change ☐ Addition

11.20 CITY, ST, ZIP ☐ Change ☐ Addition

11.21 TITLE ☐ Change ☐ Addition

11.22 NAME ☐ Change ☐ Addition

11.23 STREET ADDRESS ☐ Change ☐ Addition

11.24 CITY, ST, ZIP ☐ Change ☐ Addition

11.25 TITLE ☐ Change ☐ Addition

11.26 NAME ☐ Change ☐ Addition

11.27 STREET ADDRESS ☐ Change ☐ Addition

11.28 CITY, ST, ZIP ☐ Change ☐ Addition

11.29 TITLE ☐ Change ☐ Addition

11.30 NAME ☐ Change ☐ Addition

11.31 STREET ADDRESS ☐ Change ☐ Addition

11.32 CITY, ST, ZIP ☐ Change ☐ Addition

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 the corporation has an agent for service with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY R. PFEFFER

3/18/97

Date

Daytime Phone

977-2300

0145721

CR2E034 (9/96)