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FILED

Jan 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000070680 (9)

1. Corporation Name

LOX HAVEN OF PEMBROKE PINES, INC.

Principal Place of Business

9900 PINES BLVD  
PEMBROKE PINES FL 33024  
US

Mailing Address

5715 MARGATE BLVD.  
MARGATE FL 33063



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1996

4. FEI Number

65-0694767

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fees Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MARKMAN, STANLEY  
STREET ADDRESS 5715 MARGATE BLVD.  
CITY-ST-ZIP MARGATE FL 33063 ☐ DELETE

TITLE VD  
NAME PFEFFER, STANLEY  
STREET ADDRESS 5715 MARGATE BLVD.  
CITY-ST-ZIP MARGATE FL 33063 ☐ DELETE

TITLE TD  
NAME MARKMAN, CRAIG  
STREET ADDRESS 5715 MARGATE BLVD.  
CITY-ST-ZIP MARGATE FL 33063 ☐ DELETE

TITLE SD  
NAME ZACKER, HARVEY  
STREET ADDRESS 5715 MARGATE BLVD.  
CITY-ST-ZIP MARGATE FL 33063 ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 a 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 or changed or on an attachment with an address.

SIGNATURE:  REQUIRED

1/17/98 977-7300 (954)

CR2E034 (10/97)