

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

FILED  
Jan 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **03000038455**  
1. Corporation Name  
**765 LENOX AVENUE, INC.**

Principal Place of Business: **765 LENOX AVE. MIAMI BEACH, FLA. 33139**  
Mailing Address: **503 12TH ST. #5 MIAMI BEACH, FLA. 33139**

2. Principal Place of Business (21-23)  
2a. Mailing Address (26-29)

3. Date Incorporated or Qualified: **5-27-93**  
3a. Date of Last Report  
4. FEI Number: **65-0414083**  
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  
**REGENTS PARK PROPERTY, INC.  
503 12TH ST. #5  
MIAMI BEACH, FLA. 33139**

10. Name and Address of New Registered Agent  
81 Name: **REGENTS PARK PROPERTY, INC.**  
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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ALAN BLUM</b>	
STREET ADDRESS	<b>503 12TH ST. #5</b>	
CITY - ST - ZIP	<b>MIAMI BEACH, FLA. 33139</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KAUDERER, MALLORY</b>	
STREET ADDRESS	<b>503 12TH ST. #5</b>	
CITY - ST - ZIP	<b>MIAMI BEACH, FLA. 33139</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>P/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>MALLORY KAUDERER</b>	
13 STREET ADDRESS	<b>503 12TH ST. #5</b>	
14 CITY - ST - ZIP	<b>MIAMI BEACH, FLA. 33139</b>	
21 TITLE	<b>✓</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>ALAN BLUM</b>	
23 STREET ADDRESS	<b>503 12TH ST. #5</b>	
24 CITY - ST - ZIP	<b>MIAMI BEACH, FLA. 33139</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

**100002409861**  
**-01/23/98--01012--029**  
**\*\*\*150.00**

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 manager 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 in an attachment with an address.

SIGNATURE: **MALLORY KAUDERER** 12/22/97 305-533-1975  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)