


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

FILED
Mar 17 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 # L86767 (5) 1. Corporation Name 1600 LENOX CORPORATION | | | | | |
| Principal Place of Business 1119-16TH STREET MIAMI BEACH FL 33139 | | | Mailing Address 1119-16TH STREET MIAMI BEACH FL 33139 | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | | |
| 9. Name and Address of Current Registered Agent GELFMAN, BERNARD 1119-16TH ST. MIAMI BEACH FL 33139 | | | 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, 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 GELFMAN, BERNARD STREET ADDRESS 1119-16TH ST. CITY-ST-ZIP MIAMI BEACH FL TITLE VD NAME PACINELLI, SHEILA STREET ADDRESS 17343 N.W. 61ST CT. SO CITY-ST-ZIP MIAMI FL TITLE STD NAME GELFMAN, RHONDA STREET ADDRESS 19499 N.E. 10TH AVE. CITY-ST-ZIP N MIAMI BEACH FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 3376 N. COUNTRY CLUB DR. 706 1.4 CITY-ST-ZIP AVENTURA FL. 33180 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2520 JARDIN DRIVE 2.4 CITY-ST-ZIP FORT LAUDERDALE, FL. 33327 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 9221 SOUTHERN ORCHARD ROAD NORTH 3.4 CITY-ST-ZIP DAVIE, FL. 33328 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | |



DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 3. Date Incorporated or Qualified 07/09/1990 | |
| 4. FEI Number 65-0206096 | Applied For Not Applicable |
| 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

SIGNATURE

| | |
|----------------------------|------------------------|
| 12. OFFICERS AND DIRECTORS | |
| TITLE | PD |
| NAME | GELFMAN, BERNARD |
| STREET ADDRESS | 1119-16TH ST. |
| CITY-ST-ZIP | MIAMI BEACH FL |
| TITLE | VD |
| NAME | PACINELLI, SHEILA |
| STREET ADDRESS | 17343 N.W. 61ST CT. SO |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | STD |
| NAME | GELFMAN, RHONDA |
| STREET ADDRESS | 19499 N.E. 10TH AVE. |
| CITY-ST-ZIP | N MIAMI BEACH FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|--|
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 3376 N. COUNTRY CLUB DR. 706 |
| 1.4 CITY-ST-ZIP | AVENTURA FL. 33180 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 2520 JARDIN DRIVE |
| 2.4 CITY-ST-ZIP | FORT LAUDERDALE, FL. 33327 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | 9221 SOUTHERN ORCHARD ROAD NORTH |
| 3.4 CITY-ST-ZIP | DAVIE, FL. 33328 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: *Bernard Gelfman* BERNARD GELFMAN

3/9/98 305 632 6112

CR2E034 (10/97)