

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L81144

1. Entity Name
LOX HAVEN, INC.

Principal Place of Business

1400 S.W. 1ST CT.
POMPANO BEACH, FL 33069 US

Mailing Address

1400 S.W. 1ST CT.
POMPANO BEACH, FL 33069 US



01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0263631

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHIMMEL, ROBERT L
3191 CORAL WAY PH2
100 S.E. 2ND STREET
MIAMI, FL 33145

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**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**

02/02/04-80065-005 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARKMAN, STANLEY
STREET ADDRESS 1400 SW 1ST CT.
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE VPD
NAME PFEFFER, STANLEY
STREET ADDRESS 1400 SW 1ST CT.
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE SD
NAME ZACHER, HARVEY
STREET ADDRESS 1400 SW 1ST CT.
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE AVPD
NAME CRAIG, MARKMAN
STREET ADDRESS 1400 SW 1ST CT.
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/28/04 Daytime Phone #