FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Feb 27 1996 8:00 am
Secretary of State

DOCUMENT # **175314** **(4)**

1. Corporation Name

LENOX HOLDING COMPANY, INC.

Principal Place of Business
254 SOUTH HIBISCUS DRIVE
MIAMI BEACH FL 33139

Mailing Address
254 SOUTH HIBISCUS DRIVE
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: **09/18/1953**

3a. Date of Last Report: **02/09/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26 **9801 N.E. 2nd Ave.**
Suite, Apt. #, etc.
27
City & State
28 **Miami Shores, FL**
Zip / Country
29 **33138** / 30 **Dade**

4. FEI Number: **59-6064482** ☐ 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

ROSEN, JOANN
254 S. HIBISCUS DR.
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: **Debra Ann Rosen**
82 Street Address (P.O. Box Number is Not Acceptable): **9801 N.E. 2nd Ave.**
83
84 City: **Miami Shores** **FL** 85 Zip Code: **33138**

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: **Debra Ann Rosen** **President** **Dr. Debra Ann Rosen** 3-22-96
(Signature of Registered Agent, if changing) (DATE) (Registered Agent Signature, if Registered Agent is changing) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ROSEN,JOANN		1.2 NAME	ROSEN, DEBRA ANN	
STREET ADDRESS	254 HIBISCUS DR.		1.3 STREET ADDRESS	9801 N.E. 2ND AVE.	
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP	MIAMI SHORES, FL 33138	
2 TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSEN,ROBERT		2.2 NAME		
STREET ADDRESS	254 HIBISCUS DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP		
3 TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
4 TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
5 TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
6 TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 changed or added by an attachment with an address.

SIGNATURE: X **Dr. Debra Ann Rosen** **Debra Ann Rosen** X **2-22-96** **305 754-3500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)