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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

F95000005603 (4)

LODEX OS, INC.

FILED May 14 1998 8:00am Secretary of State



						
Principal Place	e of Business	Mailing Address			1 (68) (68) (108) Good Street Street Street Street	BAIN ABIBI Ziild Ailii Aziba liil isal
1180 AVENUE OF THE AMERICAS 1180 AVENUE OF THE AMERICAS						
NEW YORK NY 10036		NEW YORK NY 10036	NEW YORK NY 10036		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	THIS SPACE
						Į
9 Principal D	ace of Business	2a. Mailing Address			11/15/1995 4. FEI Number	Applied For
21	ace of business	1			13-3696913	Not Applicable
21 26					\$9.75 Additional	
22 27				5. Certificate of Status Desired	Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
 		28			[Added to Fees
Zip Country		Zip Country		8. This corporation owes or has paid		
24	25	29	30	•	Personal Property Tax due June 30	
1-71	9. Name and Address of Curren		1-21		10. Name and Address of New Regin	
RII	RKE, DAVID P		81	Name		
ONE HARBOUR PLACE STE 500 TAMPA FL 33602				On the Control of the		
			82	Street	Address (P.O. Box Number is Not Acceptable	'
			83	1		
			84	City		B5 Zip Code
				<u> </u>		FL 89 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. Floreby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes						
SIGNATURE Stoneture, Most or point direct of required applicable (Applicable (NOTE Registered Agent signature recoiled when reinstating) DATE						
	Signature, typed or printed narrie of registers care OFFICERS ANI	 	13.	gent signature	ADDITIONS/CHANGES TO OFFICE	
12.	PD OF IGERS AND	DELETE	1.1 TiTLE		ADDITIONAL/ORANGEO TO OTT IGE	Change Addition
NAME	TANSEY, FRANCIS X		1.2 NAME			
	1180 SIXTH AVENUE			T ADDRESS		
STREET ADDRESS	NEW YORK NY					
CITY-ST-ZIP TITLE	VS	DELETE	1.4 CITY- 2.1 TITLE	51-217		Change Addition
!	LAVIN, JAMES	and the second	2.2 NAME			
NAME	483 WINTHROP ROAD					
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	TEANECK NJ	DELETE	2. 4 CHY 3.1 TITLE	- S1 - ZIP		☐ Change ☐ Addition
TITLE	TD					Change Lindon
NAME	LUSKI, DAVID		3 2 NAME			
STREET ADDRESS	1180 SIXTH AVENUE			T ADDRESS		
CITY-ST-ZIP	NEW YORK NY	DELETE	3 4. CITY	-ST-ZIP	110	Change Addition
TITLE	•	☐ DELETE	4.1 TITLE		VS BALAN T	Change Addition
NAME			4 2 NAM		SUMMERS, BRIAN T	
STREET ADDRESS				T ADDRESS	PARK RIDGE , NI	
CITY-ST-ZIP		Distrett	4.4 CITY -	ST-ZIP	Lucia visor , 107	. Change Addition
TITLE		DELETE	5.1 TITLE			· Li onange Li Adultion
NAME			5.2 NAME			
STREET ADDRESS			i i	T ADDRESS		
CITY-ST-ZIP		Therese	5.4 CITY-			Change Addition
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREI	1 ADDRESS		
CITY-ST-ZIP			6.4 CITY	ST-ZIP		

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 suppliemental 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.

4/2/190

212/764 3710