

FILE NOW: FILING FEE AFTER MAY 1ST 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 # **L81144 (2)**
1. Corporation Name
LOX HAVEN, INC.

Principal Place of Business 1800 NE MIAMI GARDENS DR N MIAMI BEACH FL 33179 US	Mailing Address 5715 MARGATE BLVD. MARGATE FL 33063
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5715 MARGATE BLVD.		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/18/1990	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0263631	
City & State 23 MARGATE FL		City & State 28		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 24 33063		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country 29		Zip 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent SCHIMMEL, ROBERT L 3191 CORAL WAY PH2 100 S.E. 2ND STREET MIAMI FL 33145		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MARKMAN, STANLEY	1.2 NAME	
STREET ADDRESS	5715 MARGATE BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	MARGATE FL	1.4 CITY - ST - ZIP	
TITLE	VPD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PFEFFER, STANLEY	2.2 NAME	
STREET ADDRESS	5715 MARGATE BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MARGATE FL	2.4 CITY - ST - ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ZACHER, HARVEY	3.2 NAME	
STREET ADDRESS	8715 MARGATE BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	MARGATE FL	3.4 CITY - ST - ZIP	
TITLE	D ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BOLTON, RICHARD,	4.2 NAME	
STREET ADDRESS	5715 MARGATE BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	MARGATE FL	4.4 CITY - ST - ZIP	
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	
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	

14. 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 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; the register of the state is 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:

REQUIRED

11/17/98 977-7300 (954)

CR2E034 (10/97)