

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
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**

3. Date Incorporated or Qualified: **07/09/1990**
3a. Date of Last Report: **02/08/1995**
4. FEI Number: **65-0206096**
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

2. Principal Place of Business: 21 Subst., Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Subst., Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GELFMAN, BERNARD
1119-16TH ST.
MIAMI BEACH FL 33139**

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1503, 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 607.0905, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE: PD	<input type="checkbox"/> DELETE
12.2 NAME: GELFMAN, BERNARD	
12.3 STREET ADDRESS: 1119-16TH ST. MIAMI BEACH FL	
12.4 CITY, ST, ZIP: MIAMI BEACH FL	
12.5 TITLE: VD	<input type="checkbox"/> DELETE
12.6 NAME: PACINELLI, SHEILA	
12.7 STREET ADDRESS: 17343 N.W. 61ST CT. SO MIAMI FL	
12.8 CITY, ST, ZIP: MIAMI FL	
12.9 TITLE: STD	<input type="checkbox"/> DELETE
12.10 NAME: GELFMAN, RHONDA	
12.11 STREET ADDRESS: 19499 N.E. 10TH AVE. N MIAMI BEACH FL	
12.12 CITY, ST, ZIP: N MIAMI BEACH FL	
12.13 TITLE: STD	<input type="checkbox"/> DELETE
12.14 NAME: GELFMAN, RHONDA	
12.15 STREET ADDRESS: 19499 N.E. 10TH AVE. N MIAMI BEACH FL	
12.16 CITY, ST, ZIP: N MIAMI BEACH FL	

13.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME:	
13.3 STREET ADDRESS:	
13.4 CITY, ST, ZIP:	
13.5 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME:	
13.7 STREET ADDRESS:	
13.8 CITY, ST, ZIP:	
13.9 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME:	
13.11 STREET ADDRESS:	
13.12 CITY, ST, ZIP:	
13.13 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME:	
13.15 STREET ADDRESS:	
13.16 CITY, ST, ZIP:	
13.17 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME:	
13.19 STREET ADDRESS:	
13.20 CITY, ST, ZIP:	

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)(k), 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** 2/9/96 305 672-6442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)