

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P95000032154 (3)**

1. Corporation Name

LENOX PLACE CORPORATE, INC.

Principal Place of Business

**1733 FLETCHER AVE.
TAMPA FL 33612**

Mailing Address

**1733 FLETCHER AVE.
TAMPA FL 33612-1820**

3. Date Incorporated or Qualified

04/25/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3317805

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

**WALTERS, CLIFFORD L
802 11TH STREET WEST
BRADENTON FL 34205**

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

TITLE	PO ✓	<input type="checkbox"/> DELETE
NAME	LEVIN, RICHARD	
STREET ADDRESS	7646 N. LOCKWOOD RIDGE RD.	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	VSD ✓	<input type="checkbox"/> DELETE
NAME	RICE, SUZANNE L	
STREET ADDRESS	1733 FLETCHER AVE.	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	VSD ✓	<input type="checkbox"/> DELETE
NAME	LEVIN, STEVEN	
STREET ADDRESS	PO BOX 93-6260	
CITY-ST-ZIP	MARGATE FL 33093-6260	
TITLE	T ✓	<input checked="" type="checkbox"/> DELETE
NAME	LEVIN, JILL	
STREET ADDRESS	PO BOX 11229	
CITY-ST-ZIP	KNOXVILLE TN 37839	
TITLE	D ✓	<input type="checkbox"/> DELETE
NAME	FERRUCCI, MARK A	
STREET ADDRESS	1733 FLETCHER AVE.	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rice, Suzanne L.
2.3 STREET ADDRESS	1733 W. Fletcher Ave.
2.4 CITY-ST-ZIP	Tampa, FL 33612
3.1 TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Levin, Steven
3.3 STREET ADDRESS	P. O. Box 93-6260
3.4 CITY-ST-ZIP	Margate, FL 33093-6260 N/A
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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:

Suzanne Rice

Suzanne Rice, Vice President

3/18/97

813-960-8154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)