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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000032154

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1995

4. FEI Number

59-3317805

Applied For

No 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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 21301 Powerline Rd
Suite, Apt. #, etc.

22 Suite 312

City & State

23 BOCA RATON, FL

Zip

33433

Country

25 USA

2a. Mailing Address

26 5410 Homberg drive
Suite, Apt. #, etc.

27 Suite A

City & State

28 Knoxville, TN

Zip

29 37919

Country

30 USA

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

(NOT If Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME LEVIN, RICHARD
STREET ADDRESS 1733 WEST FLETCHER AVENUE
CITY-ST-ZIP TAMPA FL 33612

TITLE VS ☐ DELETE
NAME RICE, SUZANNE L
STREET ADDRESS 1733 FLETCHER AVE.
CITY-ST-ZIP TAMPA FL

TITLE VTD ☐ DELETE
NAME LEVIN, STEVEN
STREET ADDRESS 21301 POWERLINE ROAD SUITE #312
CITY-ST-ZIP BOCA RATON FL 33433

TITLE D ☐ DELETE
NAME FERRUCCI, MARK A
STREET ADDRESS 1209 ORANGE STREET
CITY-ST-ZIP WILMINGTON DE 19801

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

Date

4/21/99

Daytime Phone #

473-584-4175

CR2E034 (1/98)