

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000070571 (1)

1. Corporation Name

LENOX CAPITAL MANAGEMENT, INC.



Principal Place of Business

101 E. KENNEDY BLVD.  
SUITE 2700  
TAMPA FL 33602

Mailing Address

101 E. KENNEDY BLVD.  
SUITE 2700  
TAMPA FL 33602

2. Principal Place of Business

21 100 S. Ashley Dr.

Suite, Apt. #, etc.

22 Suite 1260

City & State

23 Tampa, FL

Zip

24 33602

Country

25 USA

2a. Mailing Address

26 100 S. Ashley Dr.

Suite, Apt. #, etc.

27 Suite 1260

City & State

28 Tampa, FL

Zip

29 33602

Country

30 USA

3. Date Incorporated or Qualified

09/13/1995

3a. Date of Last Report

NA

4. FEI Number

59-3340411

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

9. Name and Address of Current Registered Agent

WEINBREN, DON B  
101 E. KENNEDY BLVD.  
SUITE 2700  
TAMPA FL 33602

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 ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 C/D/P/T ☐ Change ☒ Addition  
1.2 NAME JOHN BARTOLETTA  
1.3 STREET ADDRESS 100 S. Ashley Dr., Suite 1260  
1.4 CITY-ST-ZIP Tampa, FL 33602

2.1 TITLE S ☐ Change ☒ Addition  
2.2 NAME ELIZABETH L. OARE  
2.3 STREET ADDRESS 100 S. Ashley Dr., Suite 1260  
2.4 CITY-ST-ZIP Tampa, FL 33602

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME DAVID BROWN, Ph.D.  
3.3 STREET ADDRESS 100 S. Ashley Dr., Suite 1260  
3.4 CITY-ST-ZIP Tampa, FL 33602

4.1 TITLE D ☐ Change ☒ Addition  
4.2 NAME PETER KARES, Ph.D.  
4.3 STREET ADDRESS 100 S. Ashley Dr., Suite 1260  
4.4 CITY-ST-ZIP Tampa, FL 33602

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JOHN BARTOLETTA, PRESIDENT

Date

Daytime Phone #

4/18/96

(813) 272-2600

CR2E034 (12/95)