

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000070680

1. Corporation Name

LOX HAVEN OF PEMBROKE PINES, INC.

Principal Place of Business

9980 PINES BLVD
PEMBROKE PINES FL 33024
US

Mailing Address

5715 MARGATE BLVD.
MARGATE FL 33063

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90043 009 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1996

4. FEI Number

65-0694767

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOLTON, RICHARD A
1011 IVES DAIRY ROAD
SUITE 210
NORTH MIAMI BEACH FL 33179

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

NAME MARKMAN, STANLEY
STREET ADDRESS 5715 MARGATE BLVD.
CITY-ST-ZIP MARGATE FL 33063

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME PFEFFER, STANLEY
STREET ADDRESS 5715 MARGATE BLVD.
CITY-ST-ZIP MARGATE FL 33063

2.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME MARKMAN, CRAIG
STREET ADDRESS 5715 MARGATE BLVD.
CITY-ST-ZIP MARGATE FL 33063

3.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME ZACKER, HARVEY
STREET ADDRESS 5715 MARGATE BLVD.
CITY-ST-ZIP MARGATE FL 33063

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☒ DELETE

NAME BOLTON, RICHARD A
STREET ADDRESS 1011 IVES DAIRY RD.
CITY-ST-ZIP N MIAMI BEACH FL 33179

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 attached form with my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)