

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB -3 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P97000095078

1. Entity Name

G.P. LUX CORPORATION



Principal Place of Business

C/O ESTEIN & ASSOCIATES USA LTD  
5211 INTERNATIONAL DRIVE  
ORLANDO, FL 32819

Mailing Address

C/O ESTEIN & ASSOCIATES USA LTD  
5211 INTERNATIONAL DRIVE  
ORLANDO, FL 32819



01222004

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3476923

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VEGOSEN, DEAN  
515 NORTH FLAGLER DRIVE  
18TH FLOOR  
WEST PALM BEACH, FL 33401

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

200028313842  
02/06/04--01006--001 \*\*158.75

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LUX, WALTER
STREET ADDRESS	5211 INTERNATIONAL DR
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Walter Lux

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04  
Date

(407) 354-3307

Daytime Phone #