2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ACE BLVD, SUITE 1840		
ILVD, SUITE 1840 32207		

FILED Apr 20, 2004 8:00 am Secretary of State

1. Entity Nam	e					04.20.2004.0001			•
LENOX CAPITAL CORPORATION					04-20-2004 90014 008 ***1:				
Principal Plac	e of Business	Mailing Address		<u> </u>					
1301 RIVERI	PLACE BLVD, SUITE 1840	1301 RIVERPLACE BL	VD, SUI	TE 1840					
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207									
				-)			# 111
2. Principal P	lace of Business	3. Mailing Address			Į				
						I FØØTIBBI TIR IBTØJ (BJU) BBUT GØTT BBIT		.B. 1888 1888 1888	MANI II IEE
Suite, Apt. #, etc. Suite, Apt. #, etc.					ļ	MOORE CF	R2E034	(11/03)	
City & State	e	City & State			4. F	El Number		Ac	oplied For
					59-3527331		No	ot Applicable	
Zip	Country	Zip	Coun	try	5. 0	Certificate of Status Desired		\$8.75 Add	litional
	6. Name and Address of Current	Pagistared Agent	L		7 N	lame and Address of New Reg		Fee Require	3
	o. Name and Address of Current	r negistered Agent		-Namo		lattle and Address of New Neg	istered A		
TYR	E, WARREN A	رويسيد د د د د د د د د د د د د د د د د د د		Ctroot Addrson (I	- ·	toy Number is Not Apportable)	÷- ·		
1301 RIVERPLACE BLVD, SUITE 1840 JACKSONVILLE FL 32207			Street Address (P.O. Box Number is Not Acceptable)						
JAC	NSONVILLE PL 32201			· ·					
				City			FL	Zip Code	e
O The share		- the second second second				and as bette in the Chata of Floris		in miliar with	00 d 000001
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	registere	ed office of register	eo ag	ent, or both, in the State of Florid	ia. rami	ammar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E.: Registere	d Agent signature required	when re	sinstating)	DATE		
F	ILE NOW!!! FEE IS \$150.00								_
Afte	r May 1, 2004 Fee will be \$550.00					 Election Campaign Finan Trust Fund Contribution. 	cing [May Be
Make Check	Payable to Florida Department (of State				Tractiful and Continuous.			
10,	OFFICERS AND		11.		AD	DITIONS/CHANGES TO OFFICE	ERS AND		
TITLE	D TYRE, WARREN A	☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	1301 RIVERPLACE BLVD, SUITE	1840	1	ET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32207			- ST - ZIP					
MLE	D	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	COLLINS, JEFFREY H		MAM	-					
STREET ADDRESS	1301 RIVERPLACE BLVD, SUITE	1840		ET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32207		_	- ST- ZIP		·		Chassa	- Addition
TITLE NAME		☐ Delete	TITLE NAM	{				☐ Change	☐ Addition
STREET ADDRESS	الله المعادد الشاء	· ·		ET ADDRESS			_		
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITLE	E .				☐ Change	☐ Addition
NAME	•		NAM	J					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP					
		□ Delete	TITL					☐ Change	☐ Addition
TITLE NAME		∟ Delete	NAM	ſ				☐ Originge	
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP		<u> </u>			
TITLE		☐ Delete	TITLE					Change	Addition
NAME		•	MAM	-					
STREET ADDRESS CITY-ST-ZIP		/		ET ADDRESS - ST- ZIP					
	certify that the information synolized wi	th this filing does not qualify to			ection	110 07/3)/i) Florida Statutos I fu	irthor cer	tify that the i	nformation
indicated of the cor	certify that the information supplied wi on this report or supplemental report reporation or the receiver or trustee em , or on an attachment with an address	is true and accurate and that in powered to execute this report with all other like empowered	ny signa as requi	ture shall have the red by Chapter 60	same 7, Flori	legal effect as if made under oat ida Statutes; and that my name a	h; that I a	m an officer Block 10 o	or director r Block 11 if

SIGNATURE:

Daytime Phone #