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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000028714 (1)**

1. Corporation Name

LEVINE & PARTNERS, P.A.

Principal Place of Business	Mailing Address
1110 BRICKELL AVE. 7TH FLOOR MIAMI FL 33131	1110 BRICKELL AVE. 7TH FLOOR MIAMI FL 33131

3. Date Incorporated or Qualified: **04/14/1994**
3a. Date of Last Report: **02/14/1995**

4. FEI Number: **65-0484282** [ ] 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 activity for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24	Country: 25
Zip: 29	Country: 30

9. Name and Address of Current Registered Agent

LEVINE, ROBERT J
1110 BRICKELL AVE.
7TH FLOOR
MIAMI FL 33131

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	[ ] DELETE	1.1 TITLE [ ] Change [ ] Addition
NAME	LEVINE, ROBERT J		1.2 NAME
STREET ADDRESS	1110 BRICKELL AVE., 7TH FLOOR		1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY ST ZIP
TITLE		[ ] DELETE	2.1 TITLE [ ] Change [ ] Addition
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY ST ZIP
TITLE		[ ] DELETE	3.1 TITLE [ ] Change [ ] Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY ST ZIP
TITLE		[ ] DELETE	4.1 TITLE [ ] Change [ ] Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY ST ZIP
TITLE		[ ] DELETE	5.1 TITLE [ ] Change [ ] Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY ST ZIP
TITLE		[ ] DELETE	6.1 TITLE [ ] Change [ ] Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY ST ZIP

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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)(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.

SIGNATURE: _____ 1/24/96 (305) 372-1350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

ROBERT J. LEVINE, DIRECTOR