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

Mailing Address

2a. Mailing Address

City & State

 $Z_{\rm IP}$

Suite, Apt. #, etc.

SUITE 996

26

27

28

2655 LE JEUNE ROAD

CORAL GABLES FL 33134

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business 2655 LE JEUNE ROAD

CORAL GABLES FL 33134

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

1108

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400031482 (0)

Country

9. Name and Address of Current Registered Agent

25

CORAL GABLES FL 33134

LEVEY, LEWIS J 2655 LE JEUNE ROAD

SUITE 908

LEVEY & ASSOCIATES, P.A.

FILED Apr 22 1998 8:00am Secretary of State

3. Date Incorporated or Qualified	E IN THIS	SPACE	
04/26/1994			
4. FEI Number			Applied For
65-0481663			Not Applica
5. Certificate of Status Desired			Additional Required
Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
This corporation owes or has parents Personal Property Tax due June		urrent year l	Intangible

Street Address (P.O. Box Number is Not Acceptable)

H TRAKTATA KIR TRIKLANDKI ROLLA BELKE ARIKLANDKI DOKOD KILDI KIRIL DEGAL TRIKLANDKI ARIKA (1816). ISA 1860 KA

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.

Country

30

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required whon reinstating) DATE					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTS DELETE	1.1 TITLE	Change Addition		
NAME	LEVEY, LEWIS J	1.2 NAME			
STREET ADDRESS	2655 LE JEUNE ROAD, SUITE 906	1.3 STREET ADDRESS	SUITE 1108		
CITY-ST-ZIP	CORAL GABLES FL	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	☐ DELE TE	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 Additio		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELE TE	6.1 TITLE	Change Additio		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
		■	l control of the cont		

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 attachment with an address.

Zip Code