

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 OCT 20 PM 3: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P94000036885 (9)

1. Corporation Name
LEVINE, FRAYER & CARLSON, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1800 SECOND ST. SUITE 008 725 SARASOTA FL 34236 US	Mailing Address 1800 SECOND ST. SUITE 008 725 SARASOTA FL 34236 US
--	--

2. Principal Place of Business 21 1800 Second St.	2a. Mailing Address 26 same
Suite, Apt. #, etc. 22 Suite 725	Suite, Apt. #, etc. 27
City & State 23 Sarasota, FL	City & State 28
Zip 24 34236	Country 25 US

3. Date Incorporated or Qualified 05/12/1994	3a. Date of Last Report 05/21/1996
4. FEI Number 65-0489532	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CARLSON, RICHARD A 1021 FIELD ROAD SARASOTA FL 34231		10. Name and Address of New Registered Agent	
81 Name same	82 Street Address (P.O. Box Number is Not Acceptable) 5811 VANDERIFE Rd.	83	84 City FL
			85 Zip Code 34241

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 *Richard A. Carlson* **Richard A. Carlson** 10/11/97
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 D	<input type="checkbox"/> DELETE	1.1 TITLE Levine, Lawrence T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEVINE, LAWRENCE T		1.2 NAME	
STREET ADDRESS 504 PARKVIEW DR.		1.3 STREET ADDRESS 1859 Stoney Point Rd.	
CITY-ST-ZIP SARASOTA FL		1.4 CITY-ST-ZIP Charlottesville, VA 22911	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARLSON, RICHARD A		2.2 NAME	
STREET ADDRESS 1021 FIELD RD		2.3 STREET ADDRESS 5811 VANDERIFE Rd.	
CITY-ST-ZIP SARASOTA FL		2.4 CITY-ST-ZIP SARASOTA FL 34241	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROBERT E. MANHARD		3.2 NAME	
STREET ADDRESS 5734 39TH ST CIRCLE B.		3.3 STREET ADDRESS	
CITY-ST-ZIP BRADYTON, FL 34203		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

REINSTATEMENT

000002326910-3
-10/22/97-01063-021
****750.00 ****750.00

14. I do 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.

CR2E034 (4/97)