Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90038 037 ***150.00

- LACONTON HOLION OLIN SIZIN SIZIN

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000069656

1. Corporation Name

LEVAN ASSET MANAGEMENT CORPORATION

)
Principal Place of Business Mailing Address										, 19211941 (10)		*****			
2159 ANDREA LA	ANE			2159 ANDR	ANDREA LANE										
STE D-4				#D-4						DO NOT MEDITE IN THIS SENSE					
FORT MYERS FL 33912				FORT MYERS FL 33912						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
US				US						09/19/1994	or Qualifec	ı <i>'</i>			
2. Principal Place of Business				2a. Mailing Address						4. FEI Number				Appl	ied For
21				26						<u>==-65-0535301=</u>			اداجه	⊧Not.	Applicable=
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certifcate of Stat	us Desired		•		ditional
22										5. Octilosis of State			Fee	e Req	uired
City & State				City & State					:	6. Election Campaig	gn Financing		\$ 5.	00 м	lay Be
23				28					i	Trust Fund Cont	ribution		Add	led to	Fees
Zip Country				Zip Country						8. This corporation owes the current year Intangible					_/
24	25			29 30						Personal Property Tax. ☐ Yes ☑No					
9. Name and Address of Current Registered Agent										10. Name and Addi	ess of New	Registered	Agent		
							81	Nan	ne						
LEVAN, TERRIS							82 Street Add			ss (P.O. Box Number	is Not Accept	table)			
2520 SE 20TH PLACE						04									
CAPE CORAL FL 33904							83								
													Tor!	Zip Co	
							84	Çity				FL	85 7	ZIP G	ue
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida 								the co	ed corpor rporation	ration submits this stat 's board of directors. I	ement for the hereby acce	e purpose of pt the appoi	changing ntment a	g its regi	egistered stered
SIGNATURE															
	Signature, typed	or printed name of registe				_ - -	Agen	it signati	re required v	when reinstating)	VOEO TO 0	DATE		0700	C (N) 40
12.		OFFICE	RS AND DI	RECTORS		13.				ADDITIONS/CHA	NGES 10 DI	FFICERS AN	Char		Addition
	D				□ DELETE	1.1 T								ııge	Addition
	LEVAN, T					1.2 N	AME		- 1						Į
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NAME						4.21	AME		Į						
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	R 254				DELETE	6.1 T	ITLE						Chai	nge	Addition
	ye day					6.2 N	AMÉ								ĺ
STREET ADDRESS	· · · · · ·					6.3 8	TREE	T ADDRE	ss						}

SIGNATURE:

CITY-ST-ZIP

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 impowered 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, with all other like empowered.

941-482-4580