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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800005614

Country

9. Name and Address of Current Registered Agent

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1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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LEVANT ENTERPRISES FLORIDA, INC.

•	
Principal Place of Business	Mailing Address
6912 EAST 9TH AVENUE TAMPA FL 33619	6912 EAST 9TH AVENUE TAMPA FL 33619

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2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90014 009 ***150.00



Applied For		
Not Applicable		
\$8.75 Additional Fee Required		
\$5.00 May Be Added to Fees		
r Intangible ☐ Yes ☐ No		
red Agent		

LEVANT, LEE A	•1	Name
6912 EAST 9TH AVENUE	82	Street Address (P.O. Box Number is Not Acceptable)
TAMPA FL 33619	83	
ļ	84	City FL 85 Zip Code
Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes the at	OVE	named corporation submits this statement for the purpose of changing its registered

Country

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Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 Signature, typed or grinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE											
12.	OFFICERS AND	DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	D	☐ DELETE	1.1 TITLE	, , , , , , , , , , , , , , , , , , ,	☐ Change	Addition					
NAME	LEVANT, JOAN G		1.2 NAME			l					
STREET ADDRESS	6912 EAST 9TH AVENUE		1.3 STREET ADDRESS								
CITY-ST-ZIP	TAMPA FL 33619		1.4 CITY-ST-ZIP								
TITLE	D	☐ DELETE	2.1 TITLE		Change	Addition					
NAME	LEVANT, LEE A		2.2 NAME			,					
STREET ADDRESS	6912 EAST 9TH AVENUE	- 4	2.3 STREET ADDRESS	and the second second							
CITY-ST-ZIP	TAMPA FL 33619		2.4 CITY-ST-ZIP	<u> </u>	<u> </u>						
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	<u></u>	<u>'s 2 ma 1 57 1</u>	4.4 CITY-ST-ZIP (111)	, 450, pg - c.							
TITLE		DELETE : 1	5.1 TITLE 11 11 11 11 11	they who	Change	☐ Addition					
NAME			5.2 NAME			ļ					
STREET ADDRESS		·	5.3 STREET ADDRESS			}					
CITY+ST-ZIP	·		5.4 City-ST-ZIP								
TITLE		☐ DELETE	6.1 TTTLE		☐ Change	☐ Addition					
NAME ,			6.2 NAME		•						
STREET ADDRESS			6.3 STREET ADDRESS		•						
CITY-ST-ZIP			6.4 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 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, with all other like empowered.

SIGNATURE:

SURTED Levant

4/15/99

813-626-5443