

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

FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S26791** (1)
1. Corporation Name
~~GLUCKMAN, NEWMAN & LEVINE, P.A.~~
NEWMAN, LEVINE, METZLER & SHANKMAN, P.A.



Principal Place of Business 707 N. FRANKLIN STREET NINTH FLOOR TAMPA FL 33602 US	Mailing Address 707 N. FRANKLIN STREET NINTH FLOOR TAMPA FL 33602-4430 US
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2. Principal Place of Business 21 400 North Tampa Street Suite, Apt. #, etc. 22 Suite 3100 City & State 23 Tampa, FL Zip - 33602	2a. Mailing Address 26 400 North Tampa Street Suite, Apt. #, etc. 27 Suite 3100 City & State 28 Tampa, FL Zip 33602
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3. Date Incorporated or Qualified 01/22/1991	3a. Date of Last Report 03/19/1996
4. FEI Number 59-3046311	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
GLUCKMAN, JEREMY E.
707 N. FRANKLIN STREET
NINTH FLOOR
TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name
LeVine, Robert A.
82 Street Address (P.O. Box Number is Not Acceptable)
400 North Tampa Street
83 Suite 3100
84 City
Tampa
85 Zip Code
FL 33602

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: *Robert A. Levine* DATE: 3-25-97

12. OFFICERS AND DIRECTORS		13. DELETED
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GLUCKMAN, JEREMY E 707 N. FRANKLIN ST., NINTH FLOOR TAMPA FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS NEWMAN, M. MITCHELL 707 N. FRANKLIN STREET, NINTH FLOOR TAMPA FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP LEVINE, ROBERT A 707 N. FRANKLIN STREET, NINTH FLOOR TAMPA FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DP LeVine, Robert A. 400 North Tampa Street, Suite 3100 Tampa, FL 33602
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	DV Newman, M. Mitchell 400 North Tampa Street, Suite 3100 Tampa, FL 33602
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	DS Metzler, Debra M. 400 North Tampa Street, Suite 3100 Tampa, FL 33602
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	DT Shankman, David S. 400 North Tampa Street, Suite 3100 Tampa, FL 33602
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	

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.
SIGNATURE: *Robert A. Levine* DATE: 3-25-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
600002160356
-04/30/97--01038--024
***165.00
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221-8110

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