

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

FILED

**Apr 29 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # S26791 (1)

1. Corporation Name
NEWMAN, LEVINE, METZLER & SHANKMAN, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 400 NORTH TAMPA STREET SUITE 3100 TAMPA FL 33602 US		Mailing Address 400 NORTH TAMPA STREET SUITE 3100 TAMPA FL 33602 US	
21	22	26	27
Suite, Apt. #, etc. STE 2900		Suite, Apt. #, etc. STE 2900	
City & State		City & State	
24	25	29	30
Zip	Country	Zip	Country

3. Date Incorporated or Qualified 01/22/1991	
4. FEI Number 59-3046311	Applied For <input type="checkbox"/> 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	

g. Name and Address of Current Registered Agent

**LEVINE, ROBERT A.
400 NORTH TAMPA STREET
SUITE 3100
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	STE 2900
84	City
FL	85 Zip Code

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 **4/23/98**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	FP	<input type="checkbox"/> DELETE
NAME	LEVINE, ROBERT A.	
STREET ADDRESS	400 NORTH TAMPA STREET, SUITE 3100	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	NEWMAN, MITCHELL M.	
STREET ADDRESS	400 NORTH TAMPA STREET, SUITE 3100	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	METZLER, DEBRA M.	
STREET ADDRESS	400 NORTH TAMPA STREET, SUITE 3100	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SHANKMAN, DAVID S.	
STREET ADDRESS	400 NORTH TAMPA STREET, SUITE 3100	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	STE 2900
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	STE 2900
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	STE 2900
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	STE 2900
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

Robert A. Levine 4/23/98

CR2E034 (10/97)