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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$43812

(4)

Mailing Address

HERB LEVY AND ASSOCIATES, INC.

FILED Jun 10 1997 8:00am Secretary of State



NORTH FT MYERS FL 33903		1086 LOVELY LANE NORTH FT MYERS FL 33803-4231					
					3. Date Incorporated or Qualified 04/09/1991	3a. Date of La 07/05/199	•
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		26	-		65-0260613		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional Regulred	
City & Stat	e	City & State			6. Election Campaign Financing		
23		28			Trust Fund Contribution		00 May Be led to Fees
Zip	Country	Zip	Country	1	8. This corporation has liability for in		er s. 199.032,
24	25		30			Yes No	
	g, Name and Address of Currer	nt Registered Agent		I	10. Name and Address of New Reg	jistered Agent	- · · - · · · · · · · · · · · · · · · ·
	/, HERBERT	·	61	Name			
	LOVELY LANE		82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)	
NOR	TH FORT MYERS FL 33903		83				
		•	53				
			84	City		B5 Z	ip Code
44 Directions	to the provisions of Sections 607 050	22 and COZ 1500 Florido Diatuta	a 16 a a b a .		oration submits this statement for the po	FL °°	
office or r agent. I a	registered agent, or both, in the State or familiar with, and accept the oblig	of Florida, Such change was au ations of, Section 607,0505, Flor	uthorized by ida Statute	the corporati	ion's board of directors. I hereby accept	t the appointment	as registered
SIGNATURE							
10	Signature, typed or printed name of registered age			ent signature require	ed when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICE		
NAME	LEVY, HERBERT S	☐ DECEME	1.1 TITLE			LJ Chan	ge L Addition
STREET ADDRESS	1086 LOVELY LANE		1.2 NAME	ADODECE			
CITY-ST-ZIP	NORTH FT MYERS FL		1.3 STREET				
TITLE	VSD	DELETE	1.4 City-S	1 - ZIP		Chan	ge Addition
NAME .	LEVY, LISA A	and other	2.2 NAME	Ì		C.J Oran	de 🗀 vaquion
STREET ADDRESS	1086 LOVELY LANE		2.3 STREET	ADDRESS			
CITY-ST-ZIP	NORTH FT MYERS FL		2. 4 CiTY-				
TITLE		DELETE	3.1 TITLE	71 211		Chang	ge Addition
NAME			3.2 NAME		,	-	
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY - 3	ST-ZIP			
TITLE		DELETE	4.1 TITLE			☐ Chan	ge Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	51 TITLE			Chang	ge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	address			
CITY-ST-ZIP			5.4 CITY - S	T - ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Chanç	ge 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S				
information	n indicated on this annual report or s	upplemental annual report is trui the receiver or trustee empower	e and accu red to exec	rate and that i	in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal as required by Chapter 607, Florida Sta	affect or if made	undar aath: that i