FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **209294** **(8)**

1. Corporation Name

MILTON LEVISON'S, INC.

Principal Place of Business	Mailing Address
22 N.W. 1ST STREET **MIAMI FL 33128**	**22 N.W. 1ST STREET** **MIAMI FL 33128**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **01/23/1958**

3a. Date of Last Report: **05/16/1995**

4. FEI Number: **59-1039045** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

LEVISON,MILTON
22 N.W. 1ST STREET
MIAMI FL 33128

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, and 607.1008, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 TITLE	☐ Change ☐ Addition
NAME	LEVISON, DAVID	2 NAME	
STREET ADDRESS	6541 S.W. 76 TER	3 STREET ADDRESS	
CITY-ST-ZIP	S. MIAMI FL	4 CITY-ST-ZIP	
TITLE	ST	2 TITLE	☐ Change ☐ Addition
NAME	SMITH, MICHAEL	2 NAME	
STREET ADDRESS	9640 KENDALE BLVD.	2 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2 CITY-ST-ZIP	
TITLE	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE	☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true, and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an address.

SIGNATURE: ✓ DAVID LEVISON 2/9/96 371-64-37

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Phone #

CR2E034 (12/95)