

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 # **P95000074956 (0)**

1. Corporation Name

**GARY A. LEVINSON, P.A.**



Principal Place of Business

**12467 N. BAYSHORE DRIVE  
NORTH MIAMI FL 33181**

Mailing Address

**12467 N. BAYSHORE DRIVE  
NORTH MIAMI FL 33181**

3. Date Incorporated or Qualified <b>09/28/1995</b>	3a. Date of Last Report
4. FEI Number <b>65-0610617</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>501 Brickell Key Drive</b>	2a. Mailing Address 26 <b>501 Brickell Key Drive</b>
Suite, Apt. #, etc. 22 <b>Suite 400</b>	Suite, Apt. #, etc. 27 <b>Suite 400</b>
City & State 23 <b>Miami, Florida</b>	City & State 28 <b>Miami, Florida</b>
Zip 24 <b>33131</b>	Country 25 <b>U.S.A.</b>
Zip 29 <b>33131</b>	Country 30 <b>U.S.A.</b>

9. Name and Address of Current Registered Agent

**LEVINSON, GARY A  
12467 N. BAYSHORE DRIVE  
N MIAMI FL 33181**

10. Name and Address of New Registered Agent

81 Name <b>LEVINSON, GARY A.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>501 Brickell Key Drive</b>
83 <b>Suite 400</b>
84 City <b>Miami,</b>
85 State <b>FL</b>
Zip Code <b>33131</b>

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required, whether or not changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>LEVINSON, GARY A</b>	
STREET ADDRESS <b>12467 N. BAYSHORE DRIVE</b>	
CITY-ST-ZIP <b>N MIAMI FL 33181</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>LEVINSON, GARY A</b>	
STREET ADDRESS <b>12467 N. BAYSHORE DRIVE</b>	
CITY-ST-ZIP <b>N MIAMI FL 33181</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>LEVINSON, GARY A</b>	
STREET ADDRESS <b>12467 N. BAYSHORE DRIVE</b>	
CITY-ST-ZIP <b>N MIAMI FL 33181</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>LEVINSON, GARY A</b>	
STREET ADDRESS <b>12467 N. BAYSHORE DRIVE</b>	
CITY-ST-ZIP <b>N MIAMI FL 33181</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>LEVINSON, GARY A</b>	
1.3 STREET ADDRESS <b>501 Brickell Key Drive, Suite 400</b>	
1.4 CITY-ST-ZIP <b>Miami, Florida 33131</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>LEVINSON, GARY A</b>	
2.3 STREET ADDRESS <b>501 Brickell Key Drive, Suite 400</b>	
2.4 CITY-ST-ZIP <b>Miami, Florida 33131</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>LEVINSON, GARY A</b>	
3.3 STREET ADDRESS <b>501 Brickell Key Drive, Suite 400</b>	
3.4 CITY-ST-ZIP <b>Miami, Florida 33131</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>LEVINSON, GARY A</b>	
4.3 STREET ADDRESS <b>501 Brickell Key Drive, Suite 400</b>	
4.4 CITY-ST-ZIP <b>Miami, Florida 33131</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>LEVINSON, GARY A</b>	
5.3 STREET ADDRESS <b>501 Brickell Key Drive, Suite 400</b>	
5.4 CITY-ST-ZIP <b>Miami, Florida 33131</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>LEVINSON, GARY A</b>	
6.3 STREET ADDRESS <b>501 Brickell Key Drive, Suite 400</b>	
6.4 CITY-ST-ZIP <b>Miami, Florida 33131</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/13/96**

**305 3743471**

CR2E034 (12/95)