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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 28 1997 8:00am Secretary of State

DOCUMENT # P94000018848 (9)

LEV BUILDING PLANNING AND MANAGEMENT SERVICES, INC.

Principal Place of Business		машпр	Mailing Address						
5208 NW 99TH SUNRISE FL 33			5208 NW 99TH TER SUNRISE FL 33351-4757						
						3. Date Incorporated or Qualified 03/09/1994	3a. Date of 04/18/1		
2. Principal Pl	ace of Business	2a . Ma	28. Mailing Address			4. FEI Number		Applied For	
21		26				65-0549628		Not Applicable	
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	3	Cit	y & State			6. Election Campaign Financing	\$	5.00 May Be	
23		28				Trust Fund Contribution		dded to Fees	
Zφ	Country Zip		1	Country		8. This corporation has liability for			
24	25	29		30		1	Yes No		
	9. Name and Address of Curre	ent Registere	d Agent	B1		10. Name and Address of New Re	gistered Ageni		
	RULAW, STUART C. C			ы	Name				
	3 N. ANDREWS AVENUE LAUDERDALE FL 33311		82 Street Add		Street Add	Address (P.O. Box Number is Not Acceptable)			
, , ,	ENODERDALL I'L 00011			83					
				84	City	· · · · · · · · · · · · · · · · · · ·	FL 85	Zip Code	
office or ri	to the provisions of Sections 607.05 egistered agent, or both, in the Stat in familiar with, and accept the obli	te of Florida. S	Such change was ection 607.0505, Fl	authorized b lorida Statute	y the corpora s.	poration submits this statement for the tion's board of directors. I hereby acce	pt the appointm	iging its registered ent as registered	
	Signature, typied or pointed name of registered a	 			ent signature requi	ired when reinstating)	DATE		
12.		ND DIRECTO		13.		ADDITIONS/CHANGES TO OFFICE			
TITLE	DP LOUBOR O		DELETE	1.1 TITLE	פ	VP		hange Addition	
NAME	VODA, LOUISE C			1.2 NAME	111	BRBERT, JUDITH V	1		
STREET ADDRESS	5208 NW 99TH TER			1.3 STREE	ADDRESS	BRIA E WIND CIK	•,		
CiTy - ST- ZIP	SUNRISE FL 33351	·		1.4 CITY -	ST-ZIP	UNRIBE FL 3332			
TITLE	DST CONFOT M		☐ DELETE	2.1 TITLE			<u>. </u>	hange Addition	
NAME	VODA, ERNEST M			2.2 NAME					
STREET ADDRESS	5208 NW 99TH TER				ADDRESS	· · · · · · · · · · · · · · · · · · ·	13.1		
Cily - ST - ZiP	SUNRISE FL 33351		DELETE	2. 4 CITY-	ST-ZIP		T-16	hange Addition	
HILE			T DEFEIR	3.1 TITLE				hange L Addition	
*IAME				3.2 NAME			•		
STREET ADDRESS					ADDRESS				
0/TY - \$1 - ZIP			DELETE	3.4. CITY - 4.1 TITLE	ST-ZIP		110	hange Addition	
T TLE			D pereie	1			, L.J.	uranião 🗀 vocition	
NAME				4. 2 NAME		35%			
STREET ADDRESS					ADDRESS				
City-St-ZiP			☐ DELETE	4.4 DITY-1	SF-ZIP		П	hange Addition	
TITLE				51 TITLE			۰	nungo [] nuuniti)	
NAME				5.2 NAME					
STREET ADDRESS					ADDRESS				
City ST-ZiP			DELETE	5.4 CITY -:	ST-ZIP			hange Addition	
TIFLE			L'I DELETE	61 TITLE	ł		<u>,</u>	mange LI ADUIIION	
NAME	i			62 NAME					
STREET ADDRESS					T ADDRESS				
City.St.7iP				64 CITY-	ST-71P				

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/97 954-572-0800