

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 209294

(8)

1. Corporation Name

MILTON LEVISON'S, INC.



Principal Place of Business

22 N.W. 1ST STREET
MIAMI FL 33128

Mailing Address

22 N.W. 1ST STREET
MIAMI FL 33128

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

29

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30

9. Name and Address of Current Registered Agent

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

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

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 Sections 607.01(2) and 607.10(2), 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 607.05(5), Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P	DELETE ☐
2. NAME	LEVISON, DAVID	
3. STREET ADDRESS	6541 S.W. 76 TER	
4. CITY, ST, ZIP	S. MIAMI FL	
5. TITLE	ST	DELETE ☐
6. NAME	SMITH, MICHAEL	
7. STREET ADDRESS	9640 KENDALE BLVD.	
8. CITY, ST, ZIP	MIAMI FL	
9. TITLE		DELETE ☐
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		DELETE ☐
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		DELETE ☐
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

1. TITLE		Change ☐ Addition ☐
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		Change ☐ Addition ☐
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		Change ☐ Addition ☐
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		Change ☐ Addition ☐
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

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, or on an attachment with an address.

SIGNATURE: DAVID LEVISON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/96 371-6437
DATE OF FILING

CR2E034 (12/95)