


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

FILED
Jan 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 543111
1. Corporation Name
HARVEY LEVINE INTERIORS, INC

Principal Place of Business: HARVEY LE VINE, 2430 NORTH SHORE TERR., MIAMI BEACH, FL 33141
Mailing Address: HARVEY LE VINE, 2430 NORTH SHORE TERR., MIAMI BEACH, FL 33141

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

3. Date Incorporated or Qualified: 8/16/1977
3a. Date of Last Report
4. FEI Number: 59-1775669
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
HARVEY LE VINE
2430 NORTH SHORE TERR.
MIAMI BEACH, FL 33141

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	AD	<input type="checkbox"/> DELETE
NAME	HARVEY LEVINE	
STREET ADDRESS	2430 NO. SHORE TERR.	
CITY-ST-ZIP	MIAMI BEACH, FLA.	
TITLE	THELMA LEVINE - D	<input type="checkbox"/> DELETE
NAME	THELMA LEVINE - D	
STREET ADDRESS	2430 NO. SHORE TERR.	
CITY-ST-ZIP	MIAMI BEACH, FLA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	700002062937
6.3 STREET ADDRESS	-01/21/97--01012--032
6.4 CITY-ST-ZIP	***173.75

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: Harvey Levine HARVEY LEVINE - Pres. 1/12/97 861-6099
Date: _____ Daytime Phone #

CR2E034 (9/96)