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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # 641449



FLORIDA DEPARTMENT OF STATE

Katherine Harris 320

Secretary of State

DIVISION OF CORPORATIONS

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90228 012 \*\*\*150.00

LEVITT CONSTRUCTION CORPEAST							
Principal Place of Business	Mailing Address						
7777 GLADES ROAD BOCA RATON FL 33434  7777 GLADES ROAD BOCA RATON FL 33434			DO NOT WRITE IN THIS SPACE				
				3.	Date Incorporated or Qualifed 10/04/1979		
2. Principal Place of Business	2a, Mailing Address			4.	FEI Number		Applied For
21					59-1966292		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired		75 Additional ee Required
City & State	City & State			6.	Election Campaign Financing Trust Fund Contribution		i.00 May Be ided to Fees
Zip Country		intry		8.	This corporation owes the current year leading Personal Property Tax.	ntangible Ye:	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent					
CORPORATION SERVICE COMPA		81	Name				
1201 HAYS ST.		82	Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301		83					
		84	City		F	85	Zip Code

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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition VSD ☐ DELETE 1.1 TITLE TITLE WEST, ALFRED 1.2 NAME NAME 7777 GLADES ROAD #410 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE PD 2.1 TITLE WIENER, ELLIOTT M NAME 2.2 NAME 7777 GLADES ROAD #410 2.3 STREET ADORESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE SLEEK, HARRY NAME 3.2 NAME 7777 GLADES ROAD, SUITE 410 3.3 STREET ADDRESS STREET ADDRESS BOCA RATON FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 4.1 TITLE TITLE tasd HOYOS, JEFFREY 4. 2 NAME NAME 7777 GLADES RD. #410 4.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME ARMSTRONG, JOEL NAME 7777 GLADES ROAD, SUITE 410 5.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition ☐ DELETE TITLE 6.2 NAME DAMIANO, TOM NAME 6.3 STREET ADDRESS 7777 GLADES ROAD, SUITE 410 STREET ADDRESS **BOCA RATON FL** 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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 ecover of true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attaching twits an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Pho

-CR2E034.(11/98