

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED  
AND  
FILED

pg.  
10/2

97 JUL 22 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 666777 (8)**

1. Corporation Name  
**LAWRENCE E. LEVIN, INC.**



Principal Place of Business <b>21410 KEATING WAY LUTZ FL 33549 US</b>	Mailing Address <b>15266 TILLWOOD PL TAMPA FL 33618 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <b>21410 KEATING WAY</b>	26 <b>21410 KEATING WAY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State <b>LUTZ, FL.</b>	City & State <b>LUTZ, FL</b>
23	28
Zip <b>33549</b>	Country <b>PASCO</b>
24	29
Country <b>PASCO</b>	Zip <b>33549</b>
30	30

3. Date Incorporated or Qualified <b>04/08/1980</b>	3a. Date of Last Report <b>04/23/1996</b>
4. FEI Number <b>59-1998517</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation <del>owes</del> <b>has paid</b> the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LEVIN, LAWRENCE E.  
21410 KEATING WAY  
LUTZ FL 33549**

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City
65 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 re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VTD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVIN, LAWRENCE E</b>	
STREET ADDRESS	<b>21410 KEATING WAY</b>	
CITY-ST-ZIP	<b>LUTZ FL</b>	
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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**-07/24/97--01110--012**  
**\*\*\*\*165.00 \*\*\*\*165.00**

*A. Alan*  
**7/22/97**

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.

CR2E034 (4/97)

pg. 2 of 2

July 18, 1997

Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Reference: Document # 666777  
Lawrence E. Levin, Inc.

Dear Sir,

I just received my 2nd notice of the Corporation Annual Report. I'd like you to know, I never received the 1st notice. The reason may have been that we moved and had an address change. I thought, on my last year's report I put in a change of address. I did receive the 2nd notice at the new address.

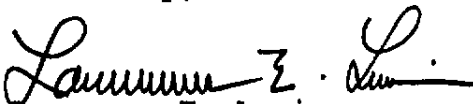
As you can see, I've been incorporated since 4-8-1980. Since that time I have never been late to pay this fee. The fact that I didn't pay the fee on time is due ONLY to the fact that I didn't get your form.

If you could see that I have been a good payer in the past, please accept my check enclosed for \$165.00. Future notices should get to me at the correct address next year.

Please accept my apologies for this delay in payment. As you can see from my account this was only due to the fact that I did not receive the 1st notice.

Your consideration in this matter will be greatly appreciated.

Sincerely,

  
Lawrence E. Levin  
President