

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **725334** (7)

1. Corporation Name

POST 682.JWV HOLDING CORP.

Principal Place of Business

Mailing Address

C/O RALPH LEVINE
2880 NE 203 ST. APT. 1
MIAMI FL 33180

C/O RALPH LEVINE
2880 NE 203 ST. APT. 1
MIAMI FL 33180

3. Date Incorporated or Qualified

01/11/1973

4. FEI Number

65-0054164

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVINE, RALPH
2880 NE 203RD ST.
APT. 1
MIAMI FL 33180

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME ALTER, JANICE
STREET ADDRESS 17940 NE 19 AVENUE
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE TD ☐ DELETE
NAME LEVINE, RALPH
STREET ADDRESS 2880 NE 203 ST. 1
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ DELETE
NAME STAPLE, HOWARD
STREET ADDRESS 8901 S OCEAN DR. APT 3
CITY-ST-ZIP HOLLYWOOD FL

TITLE SO ☒ DELETE
NAME BERGEN, HERBERT
STREET ADDRESS 750 SW 138 AVENUE PLYMOUTH, F0403
CITY-ST-ZIP PEMBROKE PINES FL

TITLE PD ☐ DELETE
NAME BLACK, IRV
STREET ADDRESS 1351 SW 141 AVE #415
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ralph Levine *Ralph Levine*

4/14/97

305-931-3262

CR2E037 (10/97)