FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 14 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 # **850546** **(3)**

1. Corporation Name
LEVINE FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 48 JACKSON NH 03846	P.O. BOX 48 JACKSON NH 03846-0048

3. Date Incorporated or Qualified: 10/01/1981
3a. Date of Last Report: 07/25/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 04-2470036 ☐ 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

WHEELER, DENNIS C.
551 CLAYTON ST.
15501 BRUCE B DOWNS
MT. DORA FL 32757

10. Name and Address of New Registered Agent

81 Name: DONNA G. PARENT
82 Street Address (P.O. Box Number is Not Acceptable): 11900 Devoe Ct.
83
84 City: Orlando FL 85 Zip Code: 32821

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: Harris R. Levine Pres. Donna G. Parent 4/28/97
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	PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEVINE, HARRIS R		1.2 NAME	
STREET ADDRESS	RT 16		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON NH		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEVINE, MARY L		2.2 NAME	
STREET ADDRESS	RT. 16		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON NH		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LEVINE, RICHARD D		3.2 NAME	
STREET ADDRESS	RT. 16		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON NH		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	LEVINE, CHERYL D.		4.2 NAME	
STREET ADDRESS	~~225 CHARLES GATE WEST #326~~		4.3 STREET ADDRESS	25 BAYBERRY AVE.
CITY-ST-ZIP	~~BOSTON MA~~		4.4 CITY-ST-ZIP	PROVINCETOWN, MA. 02657
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Harris R. Levine Harris R. Levine 4/28/97 603-383-6822