

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F08689 (4)

1. Corporation Name  
OLD ORIGINAL LEVIS', INC.



Principal Place of Business  
13769 C DATE PALM CT  
C/O CORPORATION INFORMATION SERVICES  
DELRAY BEACH FL 33484-1424

Mailing Address  
13769 C DATE PALM CT  
C/O CORPORATION INFORMATION SERVICES  
DELRAY BEACH FL 33484-1424

3. Date Incorporated or Qualified 12/11/1980	3a. Date of Last Report 01/20/1995
4. FEI Number 23-1670724	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Sute, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Sute, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

WURTMAN, PHYLLIS  
13769 C DATE PALM COURT  
DELRAY BCH, FL  
DELRAY BEACH FL 33484

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

11. Pursuant to the provisions of Sections 607.0507 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 *[Signature]*  
Signature of person or persons of registered agent and the if applicable

(If 011 Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S WURTMAN, PHYLLIS L. 13769 C DATE PALM CT DELRAY BEACH FL PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
TITLE	KOCHIN, LEVIS A	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6210 CHATHAM DRIVE S	2.2 NAME	
STREET ADDRESS	SEATTLE, WASHINGTON 00000	2.3 STREET ADDRESS	
CITY-STATE-ZIP	VP	2.4 CITY-STATE-ZIP	
TITLE	ABELSON, SARA-ANN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1414 GLENDALE AVENUE	3.2 NAME	
STREET ADDRESS	AMES IA	3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Phyllis L. Wurtman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)