FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

[illegible] 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F56607** **(7)**

1. Corporation Name

LEVINE CONSTRUCTION CORP.

Principal Place of Business	Mailing Address
C/O LAWRENCE A. LEVINE 4300 N.UNIVERSITY DR..#E-207 FT.LAUDERDALE FL 33351	C/O LAWRENCE A. LEVINE 4300 N.UNIVERSITY DR..#E-207 FT.LAUDERDALE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1981	3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2138996	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. Florida Statutes: Yes / No	

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 25 / 29 / 30

9. Name and Address of Current Registered Agent

LEVINE, LAWRENCE A.
4300 N. UNIVERSITY DR.
SUITE E-207
FT. LAUDERDALE FL 33351

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. [illegible] pursuant to Section 607.1908, Florida Statutes, the above named corporation adopts the following amendment to 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 607.325, Florida Statutes.

SIGNATURE(S)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)
DP LEVINE, LAWERENCE A 4300 N. UNIVERSITY DR. FT. LAUDERDALE FL	Change / Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change / Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change / Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change / Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change / Addition

14. I/We 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)(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 1, or Block 2 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/30/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone: 305 771 6200

0239684 CP