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May 09 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 # F56607 (7)

1. Corporation Name
Levine Construction Corp.

Principal Place of Business	Mailing Address
% LAWRENCE A. LEVINE 4300 N UNIVERSITY DR SUITE A-106 FT. LAUDERDALE FL 33351 US	% LAWRENCE A. LEVINE 4300 N UNIVERSITY DR STUIE A-106 FT. LAUDERDALE FL 33351-6249 US

2. Principal Place of Business — 21 / Suite, Apt #, Etc. 22 / City & State 23 / Zip 24 / Country 25
PLEASE NOTE: NEW SUITE A-106

2a. Mailing Address — 26 / Suite, Apt #, Etc. 27 / City & State 28 / Zip 29 / Country 30
PLEASE NOTE: NEW SUITE A-106

3. Date Incorporated or Qualified: 12/02/1991
3a. Date of Last Report: 05/01/1996
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEVINE, LAWRENCE A.
4300 N. UNIVERSITY DR.
SUITE A-106
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. 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 reinstating) DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	LAWRENCE LEVINE	1.2 NAME	PLEASE NOTE:
STREET ADDRESS	4300 N UNIVERSITY DRE207	1.3 STREET ADDRESS	NEW SUITE
CITY, ST, ZIP	FT. LAUDERDALE FL	1.4 CITY, ST, ZIP	A-106
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
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	800002186268
STREET ADDRESS		6.3 STREET ADDRESS	-05/21/97--01032--006
CITY, ST, ZIP		6.4 CITY, ST, ZIP	***165.00

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: Lawrence A. Levine 4/28/97 954 749-6700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (6/96)

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