

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000005719 (8)

1. Corporation Name
LEVINE-FRICKE, INC.



Principal Place of Business: **1900 POWELL ST., 12TH FLOOR EMERYVILLE CA 94608-1811**
Mailing Address: **1900 POWELL ST., 12TH FLOOR EMERYVILLE CA 94608-1811**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/07/1995	3a. Date of Last Report
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 04-2806712	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1. TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVINE, JAMES D	2. NAME	Hall, Sharon A.
STREET ADDRESS	1900 POWELL ST., 12TH FLOOR	3. STREET ADDRESS	514 Monarch Ridge Drive
CITY-ST-ZIP	EMERYVILLE CA 94608-1811	4. CITY-ST-ZIP	Walnut Creek, CA 94596
TITLE	VD <input type="checkbox"/> DELETE	2. TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, ROBERT	2.2 NAME	Johnson, Thomas M.
STREET ADDRESS	12 CHILTON ST.	2.3 STREET ADDRESS	89 Marin Avenue
CITY-ST-ZIP	BROCKTON MA	2.4 CITY-ST-ZIP	Sausalito, CA 94965
TITLE	TDC <input type="checkbox"/> DELETE	3. TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THIEFFRY, ALAIN	3.2 NAME	Wintemute, Eileen T.
STREET ADDRESS	345 CANTERBURY CT.	3.3 STREET ADDRESS	7251 B Corsican Drive
CITY-ST-ZIP	ALAMO CA 94507	3.4 CITY-ST-ZIP	Huntington Beach, CA 92647
TITLE	DC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRETTE, FRANCOIS	4.2 NAME	
STREET ADDRESS	3 AVENUE PRESIDENT WILSON 75116	4.3 STREET ADDRESS	
CITY-ST-ZIP	PARIS FRANCE	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. Hall* *Sharon Hall* August 7, 1996 510-652-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (3/96)