

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000005719 (8)

1. Corporation Name
LEVINE FRICKE RECON 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/07/1995	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 04-2806712	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip		29. Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**APPEGATE, JOE
 3382 CAPITAL CIRCLE NE
 TALLAHASSEE FL 32308-1568**

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, JAMES D	1.2 NAME	
STREET ADDRESS	1900 POWELL ST., 12TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	EMERYVILLE CA 94608-1811	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, ROBERT	2.2 NAME	
STREET ADDRESS	12 CHILTON ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROCKTON MA	2.4 CITY-ST-ZIP	
TITLE	TDC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIEFFRY, ALAN	3.2 NAME	
STREET ADDRESS	345 CANTERBURY CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALAMO CA 94507	3.4 CITY-ST-ZIP	
TITLE	DC	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	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, SHARON A.	5.2 NAME	
STREET ADDRESS	514 MONARCH RIDGE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WALNUT CREEK CA	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, THOMAS M.	6.2 NAME	
STREET ADDRESS	89 MARIN AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAUSALITO CA	6.4 CITY-ST-ZIP	

14. I 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: *J. Hall* Date: **2/20/98** Daytime Phone #: **510-652-4500**

CR2E034 (10/97)