

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 # **G35794** (8)

1. Corporation Name

FELDMAN & LEVY, P.A.



Principal Place of Business

**133 SEVILLA
CORAL GABLES FL 33134**

Mailing Address

**133 SEVILLA
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified
04/26/1983

3a. Date of Last Report
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEVY, CHARLES M.
133 SEVILLA
MIAMI FL 33196**

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

Signature typed or printed name of registered agent or director of corporation

(NOTE: Registered Agent Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **FELDMAN, DONALD**
CITY-ST-ZIP **1499 W. PALMETTO PARK RD**
BOCA RATON FL

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **LEVY, CHARLES M.**
CITY-ST-ZIP **133 SEVILLA**
CORAL GABLES FL

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

15 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

16 CITY-ST-ZIP ☐ Change ☐ Addition

17 CITY-ST-ZIP ☐ Change ☐ Addition

18 CITY-ST-ZIP ☐ Change ☐ Addition

19 CITY-ST-ZIP ☐ Change ☐ Addition

20 CITY-ST-ZIP ☐ Change ☐ Addition

21 CITY-ST-ZIP ☐ Change ☐ Addition

22 CITY-ST-ZIP ☐ Change ☐ Addition

23 CITY-ST-ZIP ☐ Change ☐ Addition

24 CITY-ST-ZIP ☐ Change ☐ Addition

25 CITY-ST-ZIP ☐ Change ☐ Addition

26 CITY-ST-ZIP ☐ Change ☐ Addition

27 CITY-ST-ZIP ☐ Change ☐ Addition

28 CITY-ST-ZIP ☐ Change ☐ Addition

29 CITY-ST-ZIP ☐ Change ☐ Addition

30 CITY-ST-ZIP ☐ Change ☐ Addition

31 CITY-ST-ZIP ☐ Change ☐ Addition

32 CITY-ST-ZIP ☐ Change ☐ Addition

33 CITY-ST-ZIP ☐ Change ☐ Addition

34 CITY-ST-ZIP ☐ Change ☐ Addition

35 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is truthfully 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 in an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE

CR2E034 (12/95)