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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 09 1997 8:00am

Secretary of State

954 522-6333

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G83829

1. Corporation Name

(3)

NORMAN S. LEVIN, P.A.

SIGNATURE:

Principal Place of Business Mailing Address						QUALU ANDAL OLDAN OLDAN OLDAN	A CIPALIONI
1120 S FEDERAL HWY #2 FT LAUDERDALE FL 33316		1120 S FEDERAL HWY #2 FT LAUDERDALE FL 33316-1257					
					3. Date Incorporated or Qualified 02/08/1984	3a. Date of Last Report 05/01/1996	
2. Principal Place of Business		2a. Mailing Address	h		4. FEI Number 59-2370982	 	pplied For
Suite, Apt #, etc.		Suite, Apt #, etc.			36.531.0905	¢0.75	lot Applicable
22		27	· ·		5. Certificate of Status Desired See Required Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution	☐ Added	to Fees
Zip	Country	Zip	Country	ľ	6. This corporation has liability for in		s. 199.032,
24	9. Name and Address of Curre	29 ent Registered Agent	30	 	Florida Statutes 10. Name and Address of New Reg	Yes No	
LEVI	IN, NORMAN S.	711 11 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	81	Name	10. Haine and realises at Herricag	Varana vilanir	
1120 S. FEDERAL HWY., #2			82	Ciront Add	(D.O. Day Aturahay in Not Accountable		
	LAUDERDALE FL 33316		Đ.E.	Street Auu	ress (P.O. Box Number is Not Acceptabl	(e)	
			83				
			84	City		85 Zip	Code
					poration submits this statement for the pu		
agent Far SIGNATURE	on familiar with, and accept the obligation of t	gations of, Section 607.0505, F	Torida Statutes	S.	ition's board of directors. I hereby accept	DATE	
12.	PD OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
Tillé Luc	LEVIN, NORMAN S.	☐ DELETE	1.1 TITLE			Change	Addition
NAME STREET ADORESS	1120 S. FEDERAL HWY.		1.2 NAME	4000000			
CITY-ST-ZIP	FT. LAUDERDALE FL		1.3 STREET 1.4 CITY - S				
THE		DELETE	2.1 TITLE	1-ZIP		Change	Addition
NAME		<u>-</u>	2.2 NAME				had treemen
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY+S1+7iP			2 4 CITY-S	ST-ZIP			
1BLF		DELETE	3 1 TITLE		,	Change	Addition
NAME			32 NAME				
STHEET ADDRESS			3.3 STREET	ADDRESS			
C1*Y-S1-7:P		- I per exe	3.4. CITY - S	ST - ZIP			
THLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET				
CHY-ST-7/P THEE		DELETE	4.4 CATY - ST	r-zip		Change	Addition
NAME		□ viceir	5.1 HILE 5.2 NAME			Change	Addition
STREET ADDRESS			5.3 STREET	ADDRESS	•		
CITY-ST-ZIF			5.4 CITY - S1				
TITLE	***************************************	☐ DELETE	6.1 TITLE	1-211	· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
NAME			6.2 NAME			-	
STREET ADDRESS			6.3 STREET	ADDRESS			
CiTY-ST-ZiP			6.4 CITY-\$1	T-ZIP			
moromation	ii indicated on this abbual rebort or	supplemental appual report is	frile and accur	irata and that	d in Section 119.07(3)(i), Florida Statutes t my signature shall have the same legal rt as required by Chapter 607, Florida Sta	offeet on if made up	idar aathi that l