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 # **H03567** **(5)**

1. Corporation Name

IRWIN H. LEVINE & ASSOC., P.A.

Principal Place of Business

C/O IRWIN H. LEVINE
1111 LINCOLN RD. #322
MIAMI BEACH FL 33139

Mailing Address

C/O IRWIN H. LEVINE
1111 LINCOLN RD. #322
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: **05/10/1984**

3a. Date of Last Report: **04/13/1995**

4. FEI Number: **59-2320975** ☐ 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

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 County 25

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 County 30

9. Name and Address of Current Registered Agent

LEVINE, IRWIN H.
1111 LINCOLN RD. #322
MIAMI BCH. FL 33139

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 Section 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. The above corporation is authorized to transact business in Florida. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME LEVINE, IRWIN H.
STREET ADDRESS 1111 LINCOLN RD. #322
CITY-ST-ZIP N. MIAMI BEACH FL
☐ DELETE

TITLE V
NAME LEVINE, MARC
STREET ADDRESS 1111 LINCOLN RD. #322
CITY-ST-ZIP N. MIAMI BEACH FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE 1 NAME 1 STREET ADDRESS 1 CITY-ST-ZIP ☐ Change ☐ Addition

2 TITLE 2 NAME 2 STREET ADDRESS 2 CITY-ST-ZIP ☐ Change ☐ Addition

3 TITLE 3 NAME 3 STREET ADDRESS 3 CITY-ST-ZIP ☐ Change ☐ Addition

4 TITLE 4 NAME 4 STREET ADDRESS 4 CITY-ST-ZIP ☐ Change ☐ Addition

5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP ☐ Change ☐ Addition

6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP ☐ Change ☐ Addition

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)(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 added to the report, with my address.

SIGNATURE: Irwin H Levine 4-16-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

Electronic Filing #

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