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FILED
May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33139-2439

3. Date Incorporated or Qualified
05/10/1984

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

21 (MOVING TO HOLLYWOOD FL)
Suite, Apt. #, etc. NEXT MONTH

2a. Mailing Address

26 746 VIA GENOVA
Suite, Apt. #, etc.

4. FEI Number

59-2320975

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

City & State

23

Zip

24

Country

25

City & State

28

Zip

29

Country

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)

746 VIA GENOVA

83

84 City

DEERFIELD BEACH FL

85 Zip Code

33442

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

Irwin H. Levine

(NOTE: Registered Agent signature required when reinstating)

4-25-97

DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE S. ☐ DELETE
NAME NATALIE LEVINE
STREET ADDRESS 746 VIA GENOVA
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

Irwin H. Levine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97

Date

305 532-9700

Daytime Phone #

0190643

CP2ED034 (9/96)