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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H03567

(5)

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

## **FILED** May 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						e siene miste mille inde andi ni	Ait Bratt Biber Min	11 61819 1881	
C/O IRWIN H. LEVINE 746 VIA GENORA 1111 LINCOLN RD. #322 1111 LINCOLN RD. #322 MIAMI BEACH FL 33139 DEERFIELD BCH FL 3344						Do not write in thi	S SPACE		
		US			3. Date Incorporate 05/10/1984	ed or Qualified	<u> </u>		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		I A	pplied For	
21		26			59-232097	5	N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Sta	itus Desired	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campai	6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Cont	Trust Fund Contribution Added to Fees			
Zip	Zip Country Zip		<del></del>		8. This corporation	8. This corporation owes or has paid the current year Intangible			
24	25	29	30			Personal Property Tax due June 30. 🔲 Yes 🕱 No			
	9. Name and Address of Curr	ent Registered Agent				ess of New Registers	d Agent		
	VINE, IRWIN H.		1	81 Name					
7485 VIA GENOVA DEERFIELD BCH FL 33442					Address (P.O. Box Number	ddress (P.O. Box Number is Not Acceptable)			
			ļ	B3		· · · · · · · · · · · · · · · · · · ·			
				B4 City		F	┗╵╎╵	Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Sta im familiar with, and accept the obli	502 and 607.1508, Florida Statu le of Florida. Such change was gations of, Section 607.0505, Fl	tes, the at authorized lorida Stati	ove-name by the co ites.	d corporation submits this star poration's board of directors	tement for the purpose . I hereby accept the a	of changing i ppointment as	ts registered registered	
SIGNATURE									
l	Signature, typied or printed name of registered a			Agent signatu	e required when reinstating)	DATE			
12.	OFFICERS A	ND DIRECTORS	13.			NGES TO OFFICERS A			
TITLE	}   •	DELETE	1.1 10		PERIODY		Change Change	Addition	
NAME	4444 14000141 00 4000		1.2 NA		LARRY SILVE				
STREET ADDRESS	ALAMAM DEACH EL		1	EET ADDRESS	\$20 83 5°				
CITY-ST-ZIP	N. MIAMI BEACH FL	Donere		Y-ST-ZIP	MIAM BEACH	PL 33141	F 1 06 44 44	T LANCE.	
TITLE	LEMME MADO	☐ DELETE	2.1 (1)				Change	Addition	
NAME (	LEVINE, MARC		2.2 NA						
STREET ADDRESS		M AMANAI DEAGLI EI		eet address					
CITY-ST-ZIP	N. MAMI BEACH FL	T perese		Y-ST-ZIP			T 5.		
TITLE	S AFRICA ALATALIC	☐ DELETE	3.1 7(1				Change	Addition	
NAME	LEVINE, NATALIE		3.2 NA						
STREET ADDRESS	746 VIA GENOVA			EET ADDRESS					
CITY-ST-ZIP	DEERFIELD FL			Y-ST-ZIP					
TITLE		☐ DELETE	4111				Change	Addition	
NAME			4. 2 NA	M€					
STREET ADDRESS			4.3 STF	EET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
TITLE		DELETE	5.1 TIT		1		Change	Addition	
NAME			5.2 NA	ÆΕ					
STREET ADDRESS			5.3 ST	EET ADDRESS					
CITY-ST-ZIP			•						
				Y - ST - 21P			——————————————————————————————————————		
TITLE		☐ DELETE	5.4 CIT 6.1 TIT				Change	Addition	
NAME		☐ DELETE		.E			Change	Addition	
ŧ l		☐ DELETE	6.1 T(T 6.2 NA	.E			Change	Addition	

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.