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Mar 24 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 # H08821 (1)

1. Corporation Name
LEVINE, BUSCH, SCHNEPPER & STEIN, P.A.



Principal Place of Business: 9100 S DADELAND BLVD #1010 MIAMI FL 33156
Mailing Address: 9100 S DADELAND BLVD #1010 MIAMI FL 33156-7800

3. Date Incorporated or Qualified: 06/20/1984
3a. Date of Last Report: 04/24/1996
4. FEI Number: 59-2415567
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 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country

2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

STEIN, BARRY A.
9100 S DADELAND BLVD #1010
MIAMI FL 33158

10. Name and Address of New Registered Agent

81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code: FL

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: (NOTE: Registered Agent signature required when reestablishing) DATE

OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS: SD STEIN, BARRY A. 115 W. SAN MARINO DR. MIAMI BEACH FL VPD BUSCH, EDWARD P. 9100 S DADELAND #1010 MIAMI FL PD LEVINE, DAVID H. 9100 S DADELAND #1010 MIAMI FL VD SCHNEPPER, R CORY 9100 S DADELAND #1010 MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE; 12 NAME; 13 STREET ADDRESS; 14 CITY - ST - ZIP; 21 TITLE; 22 NAME; 23 STREET ADDRESS; 24 CITY - ST - ZIP; 31 TITLE; 32 NAME; 33 STREET ADDRESS; 34 CITY - ST - ZIP; 41 TITLE; 42 NAME; 43 STREET ADDRESS; 44 CITY - ST - ZIP; 51 TITLE; 52 NAME; 53 STREET ADDRESS; 54 CITY - ST - ZIP; 61 TITLE; 62 NAME; 63 STREET ADDRESS; 64 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 included 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 as an attachment with an address.

SIGNATURE: Barry Stein Secretary
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3119197 3056702333
Date Daytime Phone #

CR2E034 (9/96)