

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northing Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H36135

(2)

1. CORPORATION NAME

LEVINE, FRANK & EDGAR, P.A.

Principal Place of Business 3300 PGA BLVD SUITE 500 PALM BEACH GARDENS FL 33410 US	Mailing Address 3300 PGA BLVD SUITE 500 PALM BEACH GARDENS FL 33410 US
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3. **DATE OF FILING** 12/31/1984
 4. **DATE OF FILING** 03/21/1994
 5. **FILE NUMBER** 59-2479297

2. Principal Place of Business 21. Suite, Apt. # or 22. City & State 23. Zip	2a. Mailing Address 26. Suite, Apt. # or 27. City & State 28. Zip	4. File Number 5. Certificate of Status Desired ☐ 6. Election Campaign Financing Trust Fund Contribution ☐ 8. This corporation has liability for corporate tax under 11 Florida Statutes ☐ Yes ☒ No
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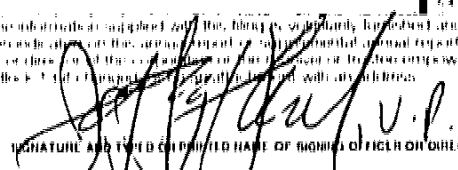
9. Name and Address of Current Registered Agent LEVINE, JAY STEVEN 3300 PGA BLVD., STE. 500 PALM BEACH GARDENS FL 33410	10. Name and Address of New Registered Agent 01. Name 02. Street Address (P.O. Box Number is Not Acceptable) 03. City 04. State FL 05. Zip Code
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11. Pursuant to the provisions of Sections 190.01, 190.02, and 190.03, Florida Statutes, the above named corporation/s hereby 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 responsibilities of one so named in the Florida Statutes.

SIGNATURE

12. OFFICER, DIRECTOR, OR OTHER TITLE NAME STREET ADDRESS CITY, STATE, ZIP TITLE NAME STREET ADDRESS CITY, STATE, ZIP TITLE NAME STREET ADDRESS CITY, STATE, ZIP TITLE NAME STREET ADDRESS CITY, STATE, ZIP TITLE NAME STREET ADDRESS CITY, STATE, ZIP TITLE NAME STREET ADDRESS CITY, STATE, ZIP	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, STATE, ZIP 5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY, STATE, ZIP 9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP 13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY, STATE, ZIP 17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY, STATE, ZIP
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14. I, the undersigned, certify that the information supplied on this filing is substantially true and does not qualify for the exemption stated in Section 190.01(4), Florida Statutes. I further certify that the information on this filing is not a fraudulent or illegal act 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 agent or the person empowered to make this report as required by Chapter 190, Florida Statutes, and that my signature appears on Block 12 or Block 13 of this report as required by the Florida Statutes.

SIGNATURE:  **U.P.**
 SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
 7/28/95 407-626-4720