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Secretary of State

03-03-1999 90029 015 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H36135

1. Corporation Name

LEVINE, FRANK, EDGAR & TELEPMAN, P.A.

\$150



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1984

4. FEI Number

59-2479297

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Inactive

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 c/o Julianne Frank, Esq.

Suite, Apt. #, etc.

27 11350 Prosperity Farms Rd.

City & State

28 Palm Beach Gardens, FL

Zip

29 33410

Country

30

USA

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

81 Name

Julianne R. Frank

82 Street Address (P.O. Box Number is Not Acceptable)

11350 Prosperity Farms Road Suite 114

83

84 City

Palm Beach Gardens

FL

85 Zip Code

33410

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 Julianne R. Frank

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/16/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LEVINE, JAY STEVEN
STREET ADDRESS 3300 PGA BLVD., STE. 500
CITY-ST-ZIP PALM BCH GRDNS FL

☐ DELETE

TITLE VP
NAME FRANK, JEFFREY H.
STREET ADDRESS 3300 PGA BLVD., STE. 500
CITY-ST-ZIP PALM BCH GRDNS FL

☐ DELETE

TITLE ST
NAME EDGAR, CHARLES W III
STREET ADDRESS 3300 PGA BLVD., STE. 500
CITY-ST-ZIP PALM BCH. GARDENS FL

☐ DELETE

TITLE D
NAME TELEPMAN, JAMES S
STREET ADDRESS 3300 PGA BLVD., SUITE 500
CITY-ST-ZIP PALM BEACH GARDENS FL

☒ 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

1.1 TITLE
1.2 NAME Jay Steven Levine
1.3 STREET ADDRESS 2500 N. Military Trail Suite 275
1.4 CITY-ST-ZIP Boca Raton, FL 33431

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME Julianne Frank, Esq.
2.3 STREET ADDRESS 11350 Prosperity Farms Road Suite 114
2.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME Charles Edgar
3.3 STREET ADDRESS 1645 Palm Beach Lakes Blvd Suite 1200
3.4 CITY-ST-ZIP West Palm Beach, FL 33411

☒ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ 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, with all other like empowered.

SIGNATURE: Julianne R. Frank, Esq. Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/99

Date

561-626-4720

Daytime Phone #

CR2E034 (11/98)