

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H46977** (5)
1. Corporation Name
IRENE K. LEWANT, INC.

Principal Place of Business 155 WORTH AVE. #2 PALM BEACH FL 33480	Mailing Address 155 WORTH AVE. #2 PALM BEACH FL 33480
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. #203 22 350 SOUTH COUNTY Rd 23 PALM BEACH, FLA 24 Zip 33480 25 Country USA		2a. Mailing Address 26 Suite, Apt. #, etc. #203 27 350 SOUTH COUNTY Rd 28 PALM BEACH, FLA 29 Zip 33480 30 Country USA		3. Date Incorporated or Qualified 03/13/1985	
4. FEI Number 65-0128053		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owner has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent LAVAC, SUZANNE JO 155 WORTH AVE. #2 PALM BEACH FL 33480		10. Name and Address of New Registered Agent 81 Name LAVAC, SUZANNE JO 82 Street Address, (P.O. Box Number is Not Acceptable) 350 SOUTH COUNTY Rd, #203 83 84 City PALM BEACH FL 85 Zip Code 33480	
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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 *Suzanne Jo Lavac* DATE **7/3/98**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPV <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWANT, IRENE K.	1.2 NAME	
STREET ADDRESS	155 WORTH AVE #2	1.3 STREET ADDRESS	350 SOUTH COUNTY Rd, #203
CITY-ST-ZIP	PALM BEACH FL 33480	1.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWANT, IRENE K.	2.2 NAME	
STREET ADDRESS	155 WORTH AVE #2	2.3 STREET ADDRESS	350 SOUTH COUNTY Rd, #203
CITY-ST-ZIP	PALM BEACH FL 33480	2.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWANT, BARRY D. (ASST)	3.2 NAME	
STREET ADDRESS	155 WORTH AVE #2	3.3 STREET ADDRESS	350 SOUTH COUNTY Rd, #203
CITY-ST-ZIP	PALM BEACH FL 33480	3.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. 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.

SIGNATURE: *Irene K. Lewant* DATE **7-14-98** **561-659-4800**

CR2E034 (5/98)