

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # H88111

(0)

1. Corporation Name

LEVITT PROPERTY MANAGEMENT, INC.

95 MAR 16 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7777 GLADES RD #410
BOCA RATON FL 33434

Mailing Address

7777 GLADES RD #410
BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/02/1985

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2645370

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

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

United States Corporation Company

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

1201 Hays Street St 105

83

84 City

Tallahassee

FL

85

Zip Code

32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

WIENER, ELLIOTT

STREET ADDRESS

7777 GLADES RD.

CITY - ST - ZIP

BOCA RATON FL

TITLE

VD

NAME

RAFOFSKY, HARVEY

STREET ADDRESS

7777 GLADES RD.

CITY - ST - ZIP

BOCA RATON FL

TITLE

S

NAME

WEST, AL

STREET ADDRESS

7777 GLADES RD.

CITY - ST - ZIP

BOCA RATON FL

TITLE

VT

NAME

HOYOS, JEFFERY

STREET ADDRESS

7777 GLADES RD.

CITY - ST - ZIP

BOCA RATON FL

TITLE

V

NAME

SLEEK, HARRY, T

STREET ADDRESS

7777 GLADES RD

CITY - ST - ZIP

BOCA RATON FL

TITLE

AS

NAME

HOYOS, JEFFERY

STREET ADDRESS

7777 GLADES RD

CITY - ST - ZIP

BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☒ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☒ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☒ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 added, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-95

407-482-5150

Date

Signature / Phone #