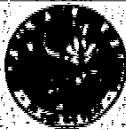


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 10:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

DOCUMENT # J55649

(4)

1. Corporation Name

DAVID LEVINE AGENCY, INC.

Principal Place of Business

**% DAVID LEVINE
20741 NE 4TH CT #102
MIAMI FL 33179-1879
US**

Mailing Address

**% DAVID LEVINE
20741 NE 4TH CT #102
MIAMI FL 33179-1879
US**

3. Date Incorporated or Qualified

02/05/1987

3a. Date of Last Report

02/22/1994

4. FEI Number

59-2768601

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEVINE, DAVID
20741 NE 4TH CT. #102
MIAMI FL 33179**

81 Name

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

83

84 City

FL

85 Zip Code

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's signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	LEVINE, DAVID
STREET ADDRESS	20741 N.E. 4TH CT. 102
CITY- ST- ZIP	MIAMI FL
TITLE	DPS
NAME	LEVINE, JACQUELINE
STREET ADDRESS	20741 N.E. 4TH CT., #102
CITY- ST- ZIP	MIAMI FL
TITLE	VT
NAME	LEVINE, ROBERT C.
STREET ADDRESS	8822 S.W. 59TH ST.
CITY- ST- ZIP	COOPER CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	Director, President	☒ Change ☐ Addition
1.2 NAME	Levine, David	
1.3 STREET ADDRESS	20741 N.E. 4th Ct., #102	
1.4 CITY- ST- ZIP	Miami, FL 33179-1879	
2.1 TITLE	Director, Secretary	☒ Change ☐ Addition
2.2 NAME	Levine, Jacqueline	
2.3 STREET ADDRESS	20741 N.E. 4th Ct., #102	
2.4 CITY- ST- ZIP	Miami, FL 33179-1879	
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 119.07(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 changed, or on an attachment with an address.

SIGNATURE:

Jacqueline Levine, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-95

Date

305-652-3332

(daytime phone)