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

DOCUMENT # J55649 (4)

1. Corporation Name
DAVID LEVINE AGENCY, INC.

Principal Place of Business	Mailing Address
% DAVID LEVINE 20741 NE 4TH CT #102 MIAMI FL 33179-1879 US	% DAVID LEVINE 20741 NE 4TH CT #102 MIAMI FL 33179-1879 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/05/1987
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 59-2768601 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22 / 27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23 / 28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24 / Country — 25 / Zip — 29 / Country — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEVINE, DAVID
20741 N.E 4TH CT. #102
MIAMI FL 33179

10. Name and Address of New Registered Agent

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 _____ DATE
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	D	1.1 TITLE	Director, President	☒ Change ☐ Addition
NAME	LEVINE, DAVID	1.2 NAME	Levine, David	
STREET ADDRESS	20741 N.E. 4TH CT. 102	1.3 STREET ADDRESS	20741 N.E. 4th Ct., #102	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33179-1879	
TITLE	DPS	2.1 TITLE	Director, Secretary	☒ Change ☐ Addition
NAME	LEVINE, JACQUELINE	2.2 NAME	Levine, Jacqueline	
STREET ADDRESS	20741 N.E. 4TH CT., #102	2.3 STREET ADDRESS	20741 N.E. 4th Ct., #102	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33179-1879	
TITLE	VT	3.1 TITLE		☐ Change ☐ Addition
NAME	LEVINE, ROBERT C.	3.2 NAME		
STREET ADDRESS	8922 S.W. 59TH ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 #

0198880 CP