

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J60409** (6)

1. Corporation Name

PATTI LEVIN, INC.



Principal Place of Business

Mailing Address

**25 N.E. 5TH AVENUE
HIGH SPRINGS FL 32643
US**

**P. O. BOX 1527
HIGH SPRINGS FL 32643
US**

3. Date Incorporated or Qualified
03/06/1987

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

26 **21044 Wolfbranch Road**

27 Suite, Apt. #, etc.

28 **Mt. Dora, FL**

29 **32757** 30 Country

4. FEI Number

59-2756567

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEVIN, PATRICIA G.
25 NE 5TH AVENUE
HIGH SPRINGS FL 32643**

81 Name

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

21044 Wolfbranch Road

83

84 **Mt. Dora**

FL

85 Zip Code
32757

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

Patricia G. Levin, President

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

(NOTE: Registered Agent signature required when fees change.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D LEVIN, PATRICIA G.**
STREET ADDRESS **P.O. BOX 1527**
CITY-ST-ZIP **HIGH SPRINGS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **21044 Wolfbranch Road**
1.4 CITY-ST-ZIP **Mt. Dora, FL 32757**

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 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:

Patricia G. Levin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(352) 383-0007

FLORIDA DEPARTMENT OF STATE

CR2E034 (12/95)