SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

APPROVED AND FILED

97 JUL 22 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PROFIT CORPORATION ANNUAL REPORT 1997

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	21044 WOLFBRANCH RD. MT. DORA FL 32643 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/06/1987
3a. Date of Last Report: 06/14/1996

2. Principal Place of Business
21 21044 Wolfbranch Rd
Suite, Apt. #, etc. 22
City & State 23 Mt. Dora, FL
Zip 24 32757 Country 25

2a. Mailing Address
26 P.O. Box 121
Suite, Apt. #, etc. 27
City & State 28 TAVARES, FL
Zip 29 32778 Country 30

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEVIN, PATRICIA G.
21044 WOLFBRACH ROAD
MT. DORA FL 32643

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVIN, PATRICIA G. 21044 WOLFBRANCH RD. MT. DORA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 500002247245 -07/24/97--01118--023 ****165.00 ****165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	A. Alan 7/22/97 ☐ Change ☐ Addition

CR2E034 (4/97)

14. I do 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.

Patricia G. Levin

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PATTI LEVIN INC.
Post Office Box 121
Tavares, Florida 32778
(352) 383-0007

July 16, 1997

Florida Department of State
Annual Report Section
Post Office Box 6327
Tallahassee, FL 32314

RE: 1997 Annual Report
Document #J60409 (6)

Dear Sirs:

We are in receipt of our Annual Report packet, which is stamped "second notice" yet this is the first report we have received this year. Therefore, it is requested that the late fee in the amount of $385.00 be waived, and that you accept the enclosed check in the amount of $165.00 to pay in full the annual report charge for 1997.

Please note that we did not receive this packet until July 15, 1997, and that we do not get our mail at the address on the packet/notice. Our correct mailing address is

P.O. Box 121
Tavares, FL 32778.

Thank you for your assistance in this matter.

Sincerely yours,

Patti Levin

Patti Levin
President