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Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J63917 (5)

1. Corporation Name
LEVY KORT ENTERPRISES INC.



Principal Place of Business
C/O ALVIN H. LEVY
11561 HAMPTON GREENS DRIVE
FORT MYERS FL 33913

Mailing Address
C/O ALVIN H. LEVY
11561 HAMPTON GREENS DRIVE
FORT MYERS FL 33913-8323

3. Date Incorporated or Qualified 03/26/1987
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21 C/O 2604 DEL PRADO BLVD Suite, Apt. #, etc. 22 SUITE 109 City & State 23 CAPE CORAL, FL Zip 24 33904		2a. Mailing Address 26 C/O 2604 DEL PRADO BLVD Suite, Apt. #, etc. 27 SUITE 109 City & State 28 CAPE CORAL, FL Zip 29 33904		4. FEI Number 59-2791668 Applied For Not Applicable	
25 LEE		30 LEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LEVY, ALVIN H
11561 HAMPTON GREENS DRIVE
FORT MYERS FL 33913

10. Name and Address of New Registered Agent

81 Name KEVIN M. BURNS CPA TRUSTEE
82 Street Address (P.O. Box Number is Not Acceptable)
2604 DEL PRADO BLVD
83 SUITE 109
84 City CAPE CORAL FL 85 Zip Code 33904

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: KEVIN M. BURNS
(NOTE: Registered Agent signature required when reinstating)
DATE: 2/24/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LEVY, ALVIN H 11561 HAMPTON GREENS DRIVE FORT MYERS FL 33913 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PSTD KEVIN M. BURNS 2604 DEL PRADO BLVD SUITE 109 CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: KEVIN M. BURNS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 2/24/97 (94) 542-1976

CR2E034 (9/96)