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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K12665 1. Corporation Name

MONIQUE LEVI & ASSOCIATES, INC.

Principal Place of Business		Mailing Address						
12069 54TH ST N		12069 54TH ST N						
ROYAL PALM BEACH FL 33411		ROYAL PALM BEACH FL 33411			DO NOT WE	TE IN THIS	CDACE	
					DO NOT WR 3. Date Incorporated or Qualifed	TE IN THIS	SPACE	
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					01/20/1988			-11-d C
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		├	plied For
21		26			65-0026968			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	
22	<u> </u>	27						
City & State	1	City & State			6. Election Campaign Financing		\$5.00	
23		28	0		Trust Fund Contribution		Added to	o rees
Zip	Country	Zip	Country	/	8. This corporation owes the cur	rent year Int		∕Z INo
24	25		0		Personal Property Tax.	Be alatara d		72110
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New	veðistai an	Agem	——— <u> </u>
i EVI	MONIQUE		6'	Ivanie				
	9 54TH ST N		82	Street A	ddress (P.O. Box Number is Not Accept	able)		
	AL PALM BEACH FL 33411		L	<u> </u>				
RUIA	AL PALM BEACH PL 33411		83	·				
	•		84	City			85 Zip C	Code
	•			```,	<u></u>	<u> </u>		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State	of Florida. Such change was aut	nonzed by	the corpor	corporation submits this statement for the ration's board of directors. I hereby acce	purpose of pt the appoi	changing its ntment as rec	gistered
office or re agent. I an SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligate Signature, typed or printed name of registered agent	of Florida, Such change was autions of, Section 607.0505, Florid	nonzed by la Statute tegistered Age	the corpor	quired when reinstailing)	DATE DATE	Intrient as ref	
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14. I 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 supplied that 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 of 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 of partial 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 of 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 of partial 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 of 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 of partial 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90176 031 ***150.00