FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name L10519

(1)

LEVIE MORTGAGE INVESTMENT CORPORATION

Principal Place of Business

Mailing Address

FILED Feb 20 1998 8:00am Secretary of State



217 N. WESTMONTE DR., SUITE 3025 ALTAMONTE SPRINGS FL 32714		217 N. WESTMONTE DR., SUITE 3025 ALTAMONTE SPRINGS FL 32714				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 06/18/1989
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21		26	26			59-2975878 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22		27				Fee Required
City & State	-	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country		8. This corporation owes or has paid the current year Intangible
24	25 29 30					Personal Property Tax due June 30. Yes XI No
9. Name and Address of Current Registered Agent					None	10. Name and Address of New Registered Agent
LEVIE, JAMES C. 81					Name	
217 N. WESTMONTE DRIVE, SUITE 3025				82	Street A	Address (P.O. Box Number is Not Acceptable)
ALTAMONTE SPRINGS, 32779			1			
			Ì	83		
			ļ	84	City	85 Zip Code
						corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I ar	m familiar with, and accept the obl	igations of, Section 607.0505, F	lorida Stati	utes.		Totalions board of directors. Thereby accept the appointment as registered
SIGNATURE						
	Signature typed or printed name of registered	<u> </u>		Agen	it signature r	required when reinstating) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1,1 TIT			CPD ☐ Change ☐ Addition
NAME	LEVIE, GEORGE R.		1.2 NA			James C. Levie
STREET ADDRESS	7720 SW 173RD STREET		1.3 ST	REET A	ADDRESS	217 N. Westmonte Dr. #3025
CITY-ST-ZIP	MIAMI FL	T of exe	1.4 CIT		- ZiP	Altamonte Springs, Fl. 32714
TITLE	CD CD	☐ DELÉTÉ	2.1 TIT			L] Change L] Addition
NAME	LEVIE, JAMES C.		2.2 NA			
STREET ADDRESS	217 N. WESTMONTE DR.				ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	Llociere	2.4 CI 3.1 TIT		I - ZIP	
TITLE						Change Addition
NAME			3.2 NA			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
TITLE		☐ nerei€	4.1 III 4.2 N/			Change Call Addition
NAME						
STREET ADDRESS					DDRESS	
CITY-ST-ZIP		☐ DELETE	4.4 CIT 5.1 TIT		- ZIP	☐ Change ☐ Addition
TITLE		been	1			Change C Addition
NAME			5.2 NA			
STREET ADDRESS					DDRESS	
CITY-ST-ZIP				5.4 CITY - ST - ZIP		Change Addition
TITLE	l l			6.1 TITLE		Li Criange Li Addinon
NAME			6.2 NA			
STREET ADDRESS					DDRESS	
CITY-ST-ZIP		·	6.4 CIT	Y-ST	- ZIP	

14. Thereby 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 surplemental 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 releiver 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, of our parachment with an address.

Tames c. Levie