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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **L30798** **(7)**

1. Corporation Name
BOHM-LEVY ENTERPRISES #15, INC.

Principal Place of Business	Mailing Address
200 LESLIE DRIVE #810 HALLANDALE FL 33009	200 LESLIE DRIVE #810 HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/14/1989**
3a. Date of Last Report: **03/18/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: **65-0156041** ☐ 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

LEVY, MARVIN
200 LESLIE DRIVE #810
HALLANDALE FL 33009

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 changed.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	☐ Change ☐ Addition	
NAME	~~KLEIN, DAVID H.~~	12 NAME	Resigned	
STREET ADDRESS	~~9360 S. DADELAND BLVD.~~	13 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL~~	14 CITY-ST-ZIP		
TITLE	P	21 TITLE	☒ Change ☐ Addition	
NAME	LEVY, SHARON	22 NAME		
STREET ADDRESS	200 LESLIE DR #810	23 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL	24 CITY-ST-ZIP	33009	
TITLE	VP	31 TITLE	☐ Change ☐ Addition	
NAME	BOHM, SARAH	32 NAME		
STREET ADDRESS	7852 NUTMEG CT.	33 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	34 CITY-ST-ZIP		
TITLE	S	41 TITLE	☒ Change ☐ Addition	
NAME	LEVY, MARVIN	42 NAME		
STREET ADDRESS	200 LESLIE DR #810	43 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL	44 CITY-ST-ZIP	33009	
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 attached sheet with an address.

SIGNATURE: Marvin Levy **2-15-95** **305-923-5143**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007000 CP