FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

L33345

1. Corporation LEVINE		# L333 CIATES, CHAR	RTERED	(4)						
Principal Place	of Business		Mailu	ng Address			· -			
				O GLADES RD						
2200 GLADES RD S608 BOCA RATON FL 33431 US		\$60								
			BOCA RATON FL 33431 US			3. Date Incorporated or Qualfied 3a. Date of Last Report 12/04/1989 02/10/1995				
2. Principal Pla	oe of Busines	GS .	2a. N	Mailing Address			4. F(Number			Applied For
21			26				65-0173888		,	Not Applicable
Suite, Apt. #	, etc.		F-7	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State			27	Dity & State			6. Election Campaign Financing			0 May Be
23			28	,			Trust Fund Contribution			d to Fees
Zip		Country	Z	(ip	Coun	try	8. This corporation has liability		tax under s	199.032,
24		25	29		30		Florida Statutes	Yes Mo	d Acent	
	9. Name i	and Address of Cu	irrent Registe	red Agent		Name	10. Name and Address of Ne	M Mañistere	o Agent	
LEVINE	CURTIS G				-	Street Addi	ress (P.O. Box Number is Not Accep	table)		
	ADES RD				"	Street Addi	INDEST P. O. DOX HUITING STATE TO ACCO	nanney		
S608	1000110				1	33				
BOCA RATON FL 33431					<u> </u>	14 City			85 7	p Code
						1 '		F!		
or registere	ed agent, or t	ooth, in the State of	Florida, Such c	thange was authoria	zed by the co	rporation's boa	and of directors. I hereby accept the	appointment a	as registored	agent. Lam
SIGNATURE		ooth, in the State of tithe obligations of, pointed name of registered			OTE: Registered A	gent signative receiver		DATE		
SIGNATURE	Signature, typeo o	printed name of registered		ilicable (N	OTE Registered A	gent signatus receive		DATE	ND DIRECTO	DRS IN 12
SIGNATURE 15 12. THILE	Signature, typeo o	printed name of registered OFFICERS	agent and title if app	ilicable (N	01E Regivered A 13.	gent signal ne relavire	ા પ્રશ્ને (સામ-લાક) મેનાણે	DATE		
SIGNATURE	PD LEVINE,	printed name of registered OFFICERS	agent and life if app S AND DIRECT	ilicable (N	01E Regivered A 13. 1, 1 Til 1,2 NA	gent signat menement. LE	ા પ્રશ્ને (સામ-લાક) મેનાણે	DATE	ND DIRECTO	DRS IN 12
SIGNATURE 12. THE NAME SIREET ADDRESS	PD LEVINE, 2200 GL	OFFICERS CURTIS G ADES RD SUITE	agent and life if app S AND DIRECT	ilicable (N	OTE Registered A 13. 1.1 TIT 12 NAM 1.3 STR	gent signat ner rener et LE 15 EET ADDRESS	ા પ્રશ્ને (સામ-લાક) મેનાણે	DATE	ND DIRECTO	DRS IN 12
SIGNATURE	PD LEVINE, 2200 GL	printed name of registered OFFICERS	agent and life if app S AND DIRECT	ilicable (N	OTE Registered A 13. 1.1 TIT 12 NAM 1.3 STR	gkint sign at westerwork LF ME EET ADDRESS (-ST-ZIP	ા પ્રશ્ને (સામ-લાક) મેનાણે	DATE	ND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVINE, 2200 GL	OFFICERS CURTIS G ADES RD SUITE	agent and life if app S AND DIRECT	incatin. (N ORS DELETE	01E Registered A 13. 1, 1 111 1.2 NA4 1.3 STR 1.4 C41	gent Sign at any resource LE 15 15 EET ADDRESS (~SI - ZiP	ા પ્રશ્ને (સામ-લાક) મેનાણે	DATE	ND DIRECTO	DRS IN 12
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oath; that I am an officer or dir appears in Block 12 or Block AD TUNE, CURTIS G.LEUINE, PRESIDENT 1/16/96 (40) 998-0000 SIGNATURE: