

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

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Mar 27 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 # L33345 (4)  
1. Corporation Name  
LEVINE & ASSOCIATES, CHARTERED



Principal Place of Business  
2200 GLADES RD  
SUITE 808  
BOCA RATON FL 33431  
US

Mailing Address  
2200 GLADES RD  
SUITE 808  
BOCA RATON FL 33431-7309  
US

3. Date Incorporated or Qualified 12/04/1989  
3a. Date of Last Report 01/22/1996  
4. FEI Number 65-0173888  
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

2. Principal Place of Business  
21 2255 Glades Road  
Suite, Apt. #, etc. 324-A  
City & State Boca Raton, FL  
Zip 33431 Country USA

2a. Mailing Address  
26 2255 Glades Road  
Suite, Apt. #, etc. 324-A  
City & State Boca Raton, FL  
Zip 33431 Country USA

9. Name and Address of Current Registered Agent  
LEVINE, CURTIS G  
2200 GLADES RD  
SUITE 808  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent  
81 Name CURTIS G. LEVINE  
82 Street Address (P.O. Box Number is Not Acceptable) 2255 Glades Road  
83 Suite 324-A  
84 City Boca Raton FL 85 Zip Code 33431

11. Pursuant to the provisions of Sections 607.0504 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 *Curtis G. Levine* 3/20/97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVINE, CURTIS G	
STREET ADDRESS	2200 GLADES RD SUITE 808	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2255 Glades Road, Suite 324-A
1.4 CITY-ST-ZIP	Boca Raton, FL 33431
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 executor 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 as an attachment with an address.

SIGNATURE: *Curtis G. Levine* CURTIS G. LEVINE 3/20/97 (56) 998-0000  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)