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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2255 GLADES ROAD 324-A BOCA RATON FL 33431 US		Mailing Address 2255 GLADES ROAD 324-A BOCA RATON FL 33431 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21	26	12/04/1989	65-0173888
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	Applied For
22	27	<input type="checkbox"/> \$8.75 Additional Fee Required	Not Applicable
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVINE, CURTIS G
2255 GLADES ROAD
SUITE #324-A
BOCA RATON FL 33431

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	Suite 200 - EAST
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0102 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, CURTIS G	1.2 NAME	
STREET ADDRESS	2255 GLADES ROAD, SUITE #324-A	1.3 STREET ADDRESS	Suite 200 - EAST
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	000002453160---0
CITY-ST-ZIP		2.4 CITY-ST-ZIP	-03/10/98--01098--024
TITLE		3.1 TITLE	***1208.75 ***150.00
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 attachment with an address.

SIGNATURE:

[Signature]

CURTIS G. LEVINE
PRESIDENT

3/5/98

561 558-0000

CR2E034 (10/97)