

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L 33345

1. Corporation Name: LEVINE & ASSOCIATES, CHARTERED

Principal Place of Business Mailing Address 4221 N.W. 66TH LANE BOCA RATON, FL 33496

2. Principal Place of Business 21 4221 N.W. 66TH LANE 22 BOCA RATON, FL 23 33496 24 33496 25 26 SAME 27 BOCA RATON, FL 28 33496 29 30

99 APR 27 AM 11:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified 12/4/89 4. FEI Number 65-0173888 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax 8. Name and Address of New Registered Agent

81 Name CURT LEVINE 82 Street Address (P.O. Box Number, If Applicable) 4221 NW 66TH LANE 83 84 City BOCA RATON, FL FL 85 33496

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 CURT LEVINE CURTIS G. LEVINE, PRESIDENT 4/27/99

12. OFFICERS AND DIRECTORS 1. TITLE PUSD 2. NAME CURT LEVINE 3. STREET ADDRESS 4221 N.W. 66TH LANE BOCA RATON, FL 33496 4. CITY-ST-ZIP BOCA RATON, FL 33496 5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-ST-ZIP 9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY-ST-ZIP 13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY-ST-ZIP 17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY-ST-ZIP 21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP 25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY-ST-ZIP 29. TITLE 30. NAME 31. STREET ADDRESS 32. CITY-ST-ZIP 33. TITLE 34. NAME 35. STREET ADDRESS 36. CITY-ST-ZIP 37. TITLE 38. NAME 39. STREET ADDRESS 40. CITY-ST-ZIP 41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP 45. TITLE 46. NAME 47. STREET ADDRESS 48. CITY-ST-ZIP 49. TITLE 50. NAME 51. STREET ADDRESS 52. CITY-ST-ZIP 53. TITLE 54. NAME 55. STREET ADDRESS 56. CITY-ST-ZIP 57. TITLE 58. NAME 59. STREET ADDRESS 60. CITY-ST-ZIP 61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP 5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-ST-ZIP 9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY-ST-ZIP 13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY-ST-ZIP 17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY-ST-ZIP 21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP 25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY-ST-ZIP 29. TITLE 30. NAME 31. STREET ADDRESS 32. CITY-ST-ZIP 33. TITLE 34. NAME 35. STREET ADDRESS 36. CITY-ST-ZIP 37. TITLE 38. NAME 39. STREET ADDRESS 40. CITY-ST-ZIP 41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP 45. TITLE 46. NAME 47. STREET ADDRESS 48. CITY-ST-ZIP 49. TITLE 50. NAME 51. STREET ADDRESS 52. CITY-ST-ZIP 53. TITLE 54. NAME 55. STREET ADDRESS 56. CITY-ST-ZIP 57. TITLE 58. NAME 59. STREET ADDRESS 60. CITY-ST-ZIP 61. TITLE 62. NAME 63. STREET ADDRESS 64. 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 supplement to 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 assignee 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, with all other like empowered

SIGNATURE: CURT LEVINE 4/27/99 (561) 998-0000

CR2E034 (11/96)