FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L81199** **(6)**

1. Corporation Name
BOHM-LEVY ENTERPRISES #10, INC.

Principal Place of Business	Mailing Address
200 LESLIE DR., APT. 610 HALLANDALE FL 33009	200 LESLIE DR., APT. 610 HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/18/1990**
3a. Date of Last Report: **03/18/1994**

2. Principal Place of Business
21 **100 FAIRWAY DR**
Suite, Apt. #, etc.
22 **GIFT SHOP**
City & State
23 **DEERFIELD FL**
Zip 24 **33442** Country 25 **USA**

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0204969** ☐ 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

LEWIS, ALAN JAY, ESQ.
~~2500 E. HALLANDALE BEACH BLVD.~~
~~#800~~
~~HALLANDALE FL 33009~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE BLVD # 505
83
84 City AVENTURA FL 85 Zip Code 33180

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	LEWIS ALAN ATTY ☒ Change ☐ Addition
NAME	LEWIS, ALAN JAY	12 NAME	AVENTURA CORPORATE CENTER
STREET ADDRESS	~~2500 E. HALLANDALE BCH~~ →	13 STREET ADDRESS	20801 BISCAYNE BLVD
CITY-ST-ZIP	~~HALLANDALE FL~~	14 CITY-ST-ZIP	SUITE 505 AVENTURA FL 33180
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	LEVY, SHARON	22 NAME	
STREET ADDRESS	200 LESLIE DR	23 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	SARAH BOHM ☒ Change ☐ Addition
NAME	BOHM, SARAH	32 NAME	800 CYPRESS GROVE DR
STREET ADDRESS	~~7960 NUTMEG CT~~ →	33 STREET ADDRESS	BLDG 121 APT 504
CITY-ST-ZIP	~~TAMARAC FL~~	34 CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	LEVY, MARVIN	42 NAME	
STREET ADDRESS	200 LESLIE DR	43 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	44 CITY-ST-ZIP	
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 valid (only 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 attachment with an address.

SIGNATURE: Marvin Levy 2-15-95 305-923-5143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number