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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

DAVID LEVINE FINANCIAL MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address			
1776 N PINE ISLAND RD 208 Plantation FL 33322 US	1776 N PINE ISLAND RD 208 PLANTATION FL 33322 US			
2. Principal Place of Business 11 2519 Memury C	20. Mailing Address 7. 26 2519 Montwy C1			

**FILED** Apr 10 1998 8:00am Secretary of State



	PLANTATION FL 33322 PLANTATION FL 33322			DO NOT WRITE IN THIS SPACE		
US		US		3. Date Incorporated or Qualified		
<u> </u>				08/30/1990		
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 231	9 Monney Ct.	26 35/9 170n	rary Ct.	65-0208804	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	,	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & Stat	9	City & State	g	# Floation Compains Financias		
	ston, Florida	28 WESTON, F	losida	6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip <b>333</b>	27 Country Country	29 33327	Country	8. This corporation owes or has paid the cu	urrent year Intangible	
27 950	g. Name and Address of Current		U	Personal Property Tax due June 30.  10. Name and Address of New Registered		
<u> </u>	EVINE, DAVID		81 Name	Jama		
			LJ. ii.ii	David Larine		
	776 N PINE ISLAND RD.		B2 Street A	Address (P.O. Box Number is Not Acceptable)	~	
	STE 208			2519 Montary Coul		
"	LANTATION FL 33322		83	•		
			84 City	Wessen Fl	85 Zip Code	
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508, Florida Statutes,	the above-named of	corporation submits this statement for the oursesses	of changing its registered	
) onice or r	egistered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change was auti	horized by the corp	oration's board of directors. I hereby accept the ap	pointment as registered	
<b>}</b>	Pal Tim	Dovid	LWINE,	orehidens 3-	28-60	
SIGNATURE	Signature, typed or printed name of registered ager		logistered Agent signature r	requiled when reinstating) DATE	20. 70	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	DPST	☐ DELETE	1.1 TITLE		Change Addition	
NAME	LEVINE, DAVID		1.2 NAME			
STREET ADDRESS	1776 N PINE ISLAND RD., #	208	1.3 STREET ADDRESS	2519 Monracy Gurr Westen, FL. 3332		
CITY-ST-ZIP	PLANTATION FL		1.4 CITY+ST+ZIP	wessen, Fl. 3332	7	
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME		\$	2.2 NAME			
STREET ADDRESS		İ	2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 City-St-ZIP	**		
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME		- · -	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS		1	4.3 STREET ADDRESS			
CITY-ST-ZWP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME		hand ordered to	6.2 NAME		C outride C wholesoft	
STREET ADDRESS						
			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

Intereby 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