

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M62795** (3)

1. Corporation Name
LEVENSHON SHERIDAN CORPORATION



Principal Place of Business: **1401 BRICKELL AVENUE, SUITE 630 MIAMI FL 33131**
Mailing Address: **1401 BRICKELL AVENUE, SUITE 630 MIAMI FL 33131**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Street, Apt. #, etc.					Street, Apt. #, etc.				
City & State					City & State				
Zip		County			Zip		County		

3. Date Incorporated or Qualified 11/19/1987	3a. Date of Last Report 04/27/1995
4. FEI Number 59-2704361	Applied For Not Applicable
5. Code of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**LEVENSHON, IRA M.
1401 BRICKELL AVENUE, SUITE 630
MIAMI FL 33131**

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

11. Pursuant to the provisions of Sections 607.0507 and 607.1505, 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 607.0507, Florida Statutes.

SIGNATURE

Signature and typed or printed name of signing officer or director: **IRA M. LEVENSHON** Date: **3/10/94**

12.	OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE
TITLE	DPT	
NAME	LEVENSHON, IRA M	
STREET ADDRESS	1401 BRICKELL AVENUE, SUITE 630	
CITY, ST, ZIP	MIAMI 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		

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 NAME		
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 TITLE		
16 NAME		
17 STREET ADDRESS		
18 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 TITLE		
20 NAME		
21 STREET ADDRESS		
22 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 TITLE		
24 NAME		
25 STREET ADDRESS		
26 CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 TITLE		
28 NAME		
29 STREET ADDRESS		
30 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this report was fairly furnished and does not qualify for the exemption stated in Section 119.07(4)(a), Florida Statutes. I further certify that the information indicated on this statement or 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 and that the information reported hereon is true and correct to the best of my knowledge and belief. This report is required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 in change of, or on appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRA M. LEVENSHON PRESIDENT

3/10/94 (305) 373-9800

CR2E034 (12/95)