

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 01 1996 8:00 am
Secretary of State

DOCUMENT # M63808 (3)

1. Corporation Name
LEVENSHON GAZEBO CORPORATION



Principal Place of Business

**1401 BRICKELL AVE
630
MIAMI FL 33131**

Mailing Address

**1401 BRICKELL AVE
630
MIAMI FL 33131**

3. Date Incorporated or Qualified 12/18/1987	3a. Date of Last Report 02/02/1995
4. FEI Number 65-0035380	Applied For Not Applicable
5. Certificate 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 type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**LEVENSHON, IRA, M
1401 BRICKELL AVE
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 607.04(2) and 607.15(9), 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, thereby, to accept the appointment as registered agent. I am further withdrawing and accepting the appointment, Section 607.04(9), Florida Statute.

SIGNATURE

Signature of the Secretary of State

Signature of the Registered Agent

DNF

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CDP	<input type="checkbox"/> DELETE
NAME	LEVENSHON, IRA M	
STREET ADDRESS	1401 BRICKELL AVE SUITE 630	
CITY, ST, ZIP	MIAMI FL 33131	
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		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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, the trustee or trustee empowered to execute the record as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 of Block 12 of the record of corporations in the office of the Secretary of State.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF TYPOR OR DIRECTOR

IRA M LEVENSHON, PRESIDENT

3/7/96

(305) 313-9800

CR2E034 (12/95)