

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M83828

(7)

1. Corporation Name

U.S. 41 CORPORATION



Principal Place of Business

% KIM LEVY
2110 CLEVELAND AVE
FT MYERS FL 33901

Mailing Address

% KIM LEVY
2110 CLEVELAND AVE
FT MYERS FL 33901

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

29

9. Name and Address of Current Registered Agent

LEVY, KIM
2110 CLEVELAND AVE
FORT MYERS FL 33901

3. Date Incorporated or Qualified

06/03/1988

3a. Date of Last Report

09/20/1995

4. FET Number

65-0055552

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

10. Name and Address of New Registered Agent

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 607.0502 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 607.0508, Florida Statutes.

SIGNATURE

Signature of person submitting this filing to the Department of State

Signature of person submitting this filing to the Department of State

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	LEVY, KIM	☐ DELETE
NAME		2110 CLEVELAND AVE.	
STREET ADDRESS		FT. MYERS FL	
CITY-ST-ZIP			
TITLE	V	LEVY, DON	☐ DELETE
NAME		2110 CLEVELAND AVE.	
STREET ADDRESS		FT. MYERS FL	
CITY-ST-ZIP			
TITLE	T	LEVY, RICHARD	☐ DELETE
NAME		2110 CLEVELAND AVE.	
STREET ADDRESS		FT. MYERS FL	
CITY-ST-ZIP			
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kim Levy 3-26-96 941-334-0128
President

CR2E034 (12/95)