

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **M86076** (0)

95 JAN 17 PM 12:30

1. Corporation Name
JEFFREY A. LEVINE, P.A.

Principal Place of Business: **% JEFFREY A. LEVINE
900 NORTH FEDERAL HWY #380
BOCA RATON FL 33432**

Mailing Address: **% JEFFREY A. LEVINE
900 NORTH FEDERAL HWY #380
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/14/1988** 3a. Date of Last Report: **02/08/1994**

4. FEI Number: **65-0056266** 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 § 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

State Apt #, etc: **22**

State Apt #, etc: **27**

City & State: **23**

City & State: **28**

Zip: **24** Country: **25**

Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **LEVINE, JEFFREY A.
900 NORTH FEDERAL HWY
#380
BOCA RATON FL 33432**

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 607.0507 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 obligation of, Section 607.0905, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME: DPS LEVINE, JEFFREY A.		1. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS: 900 N. FEDERAL HWY #380		2. STREET ADDRESS: _____	
3. CITY, ST, ZIP: BOCA RATON FL		3. CITY, ST, ZIP: _____	
4. NAME: _____		4. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS: _____		5. STREET ADDRESS: _____	
6. CITY, ST, ZIP: _____		6. CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME: _____		7. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS: _____		8. STREET ADDRESS: _____	
9. CITY, ST, ZIP: _____		9. CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME: _____		10. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS: _____		11. STREET ADDRESS: _____	
12. CITY, ST, ZIP: _____		12. CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME: _____		13. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS: _____		14. STREET ADDRESS: _____	
15. CITY, ST, ZIP: _____		15. CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the filer, certify that the information reported with this filing is true and correct, and that I am not qualified for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information is true and correct in the way it pertains to the corporation and its officers and directors, and that my signature shall have the same legal effect as if made under oath. This statement shall be filed with the corporation or the secretary of the corporation, and the report is required to be filed with the report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an alternate agent, with an address.

SIGNATURE: *Jeffrey A. Levine* 1/5/95 407-392-8388

BOCA RATON, FLORIDA SECRETARY OF STATE

Jeffrey A. Levine