


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23670** (5)

1. Corporation Name

**THE JOSEPH LEVINE CHARITABLE TRUST, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

C/O MILTON M. SHAPIRO  
PO DRAWER 370308  
MIAMI FL 33137

C/O MILTON M. SHAPIRO  
PO DRAWER 370308  
MIAMI FL 33137-0308

3. Date Incorporated or Qualified **12/01/1987** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business	2a. Mailing Address
21 <b>% GLORIA BERGER</b>	26 <b>% Gloria Berger</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>45 Bimini Cove</b>	27 <b>45 Bimini Cove</b>
City & State	City & State
23 <b>OCEAN RIDGE FL</b>	28 <b>OCEAN RIDGE FL</b>
Zip	Zip
24 <b>33435-3305</b>	29 <b>33435-3305</b>
Country	Country
25 <b>USA</b>	30 <b>USA</b>

4. FEI Number **59-6890469** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAIRNS, TERRANCE V.  
2801 BISCAYNE BLVD.  
MIAMI FL 33137

81 Name <b>GLORIA BERGER</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>45 Bimini Cove</b>
83
84 City <b>OCEAN RIDGE</b> FL 85 Zip Code <b>33435-3305</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Gloria Berger** PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

**6-17-97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MILLER, SHIRLEY L.</b>
STREET ADDRESS	<b>2305 LAKE AVE., SUN ISL #3</b>
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BERGER, GLORIA</b>
STREET ADDRESS	<b>45 BIMINI COVE DR.</b>
CITY - ST - ZIP	<b>OCEAN RIDGE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GERSTEN, SHERRI</b>
STREET ADDRESS	<b>1801 NW 31 TERRACE</b>
CITY - ST - ZIP	<b>GAINESVILLE FL 32805</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LEVINE, SAMUEL</b>
STREET ADDRESS	<b>11250 GOLFRIDGE LANE</b>
CITY - ST - ZIP	<b>BOYNTON BEACH FL 33437</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>200002220232--7</b>
1.4 CITY - ST - ZIP	<b>-06/23/97--01130--021</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>*****61.25 *****61.25</b>
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **Gloria Berger**

**6-17-97**

**(41) 738-4842**

CR2E037 (9/96)