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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 **DOCUMENT #** N94000004865 (1)

Principal Place of Business	Mailing Address
2505 S OCEAN BLVD PALM BEACH FL 33480	2505 S OCEAN BLVD PALM BEACH FL 33480

FILED Apr 30 1997 8:00am Secretary of State

LAURENCE W. LEVINE FOUNDATION, INC. Principal Place of Business Mailing Address 2505 \$ OCEAN BLVD PALM BEACH FL 33480 PALM BEACH FL 33480-5434										
							 Date Incorporated or Qualified 10/03/1994 	3a, Da	te of Last 03/13/1	Report 996
	Place of Business	2a. Mailing	Address			,	4. FEI Number			Applied For
Suite, Apt.	# Ala	26 Suito	Apt. #, etc.				65-0535001			Not Applicable
22 Suite, Apr.	#, etc.	27	· ·				5. Certificate of Status Desired			Additional Required
City & Stati	te	City & 28	State				Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country	Zip		Cou	intry		8. This corporation has liability for	or intangible		
24	25	29		30		···	Florida Statutes] No	
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curr	rent Registered A	gent		041	Nessa	10. Name and Address of New F	Registered /	\gent	
					B1	Name				
	, Laurence W Ocean BLVD				82	Street Ad	ldress (P.O. Box Number is Not Accept	table)		
	EACH FL 33480				83	······································				
					84	City		FL	85 Zip	Code
TI TOTAGE	registered agent or both in the Cte	ate of Florida Such	, rionau otata	ioo, ino ui			orporation applitude this statement for the	o puipodo or	onunging	no registered
office or r agent. I a SIGNATURE	am familiar with, and eccept the ob-						orporation submits this statement for the ration's board of directors. I hereby acc quired when reinstating)	DATE	omunent z	is registered
	Signature, typed or printed name of registered							DATE		
SIGNATURE	Signature, typed or printed name of registered OFFICERS A	agent and title if applicab		E: Registere	d Ager		quired when reinstating)	DATE		DRS IN 12
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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 is 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.