FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33900

(2)

FILED Mar 16 1998 8:00am Secretary of State

I. LEVY & ASSOCIATES, INC.					
				I ORBIJERI JEG JOSE HIKA HEKH EGIH GEH GEH ALGU E	YA JU BUĞUR ala rı bibil bibir k al ı
Principal Plac		Mailing Address			
1 1633 DES PERES RD 1633 DES PERES RD 5-300					
\$-300 \$T. LOUIS MO 63131		ST. LOUIS MO 63131		DO NOT WRITE IN TH	IS SPACE
US		US		3. Date Incorporated or Qualified	
]				05/10/1991]
2. Principal P	Place of Business	2a. Mailing Address	0,000	4. FEI Number	Applied For
	o Des Percs Rd.		Peres Rd.	43-1274402	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the	current year Intangible
24	25		30	Personal Property Tax due June 30.	Yes 🔀 No
	9. Name and Address of Current	Registered Agent	1	10. Name and Address of New Registere	ed Agent
	CORPORATION SYSTEM		81 Name		
	00 S. PINE ISLAND ROAD		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
"	ANTATION FL 33324		83		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statute	es, the above-named cord		
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 607.0505, Florida Statutes.					
1	in rathinar with, and accept the chinga	ions or, section per gade, i to	nida diajujes.		
SIGNATURE	Signature, typed or profest name of registered ager	Lond title if applicable (NOT)	. Registered Agent signature requir	red when reinstating) DATE	<u> </u>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PCD LEVY, IRVING	☐ DELETE	1.1 TITLE		Change Addition
NAME	14321 BRAMBLEWOOD CT.		1.2 NAME		
STREET ADDRESS	CHESTERFIELD MO		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VS	DELETE	1 4 City-St-ZiP 2 1 Title		Change Addition
NAME	LEVY, SUSAN J.		2.2 NAME		
STREET ADDRESS	14321 BRAMBLEWOOD CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHESTERFIELD MO		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE	== =	☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		ļ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+ST-ZIP		FT BELLAG	4.4 CITY-ST-ZIP		Dhann E Addition
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		bittle	6.2 NAME		Li outility Li ration
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
9111-91-211			B.T ON 1 - 04 - EU		

14. Thereby 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 repover or trustee enpowered 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 antachment with an address

SIGNATURE:

3/1/98 34-822-0810