FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY 30 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P 92000007448 (5)

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****225.00 ****225.00

1. Corporation Name

LOFTIS & LEVINE, INC.

Principal Place of Business	Mailing Address
7445 NW 4 STREET PLANTATION, FL. 33317	770 NE 33 COURT OAKLAND PARK, FL. 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01-01-93	3a. Date of Last Report: 04-29-94
4. FEI Number: 65-0371120	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 Fee
7. This corporation has liability for intangible tax under S. 199.13 Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

8. Name and Address of Current Registered Agent

ALEXANDRA V. RIEMAN
1415 E.SUNRISE BLVD.
FT. LAUD, FL 33304

10. Name and Address of New Registered Agent

81 Name: Alexandra V. Rieman, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 629 S.E. 5th AVE.
83
84 City: Ft. Lauderdale FL 85 ZIP: 33301

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)	
TITLE	P/D	1.1 TITLE	
NAME	LARRY LOFTIS	1.2 NAME	
STREET ADDRESS	770 NE 33 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK, FL 33334	1.4 CITY-ST-ZIP	
TITLE	V-P/D	2.1 TITLE	
NAME	FRANK LEVINE	2.2 NAME	
STREET ADDRESS	770 NE 33 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK, FL. 33334	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	5/30/95 X
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank C. Levine 5-9-95 VICE PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date