PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000024440**1. Corporation Name

LEV SOFTWARE, INC.

Principal Place of Business

7770 W. OAKLAND PARK BLVD.

SUITE 303 SUNRISE FL 33351 Mailing Address

7770 W. OAKLAND PARK BLVD.

SUITE 303

SUNRISE FL 33351

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90166 030 ***150.00



DO	NOT	WRITE	IN	THIS	SPACE

3. Date Incorporated or Qualifed

03/29/1993

2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For			
21		26	· · · · · · · · · · · · · · · · · · ·		65-0407028	. No	ot Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required						
City & State	0	City & State			6. Election Campaign Financing	\$5.00	May Be			
─	-	28			Trust Fund Contribution		to Fees			
23 Zip	Country	Zip	Country		8. This corporation owes the current ye	ar Intangible				
24	25	29 30	0		Personal Property Tax.	Yes	□No			
2-7	9. Name and Address of Current	11			10. Name and Address of New Regist	ered Agent				
			81	Name						
	FER, HENRY ESQ		00	82 Street Address (P.O. Box Number is Not Acceptable)						
	W. OAKLAND PARK BLVD.		82							
	E 303		83				-			
SUN	RISE FL 33351									
		•	84	City		FL 85 Zip	Code			
44 Dureuset	to the provisions of Sections 607 0500	and 607 1508 Florida Statutes	the above	-named com	poration submits this statement for the purpo	se of changing its	registered			
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	it Florida. Such change was auti	norizea by	tne corporation	on's board of directors. I hereby accept the	appointment as re	egistered			
SIGNATURE		and the Manufacture	anistor 4 4 a -	e olanohum mari'-	ed when reinstating) DA	ATE				
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	r siftuarma tadnise	ADDITIONS/CHANGES TO OFFICER		ORS IN 12			
TITLE	D	DELETE	1.1 TITLE	Ţ		☐ Change	Addition			
· ·	LEVY, SHIRA		1.2 NAME			_				
NAME	693 RACOURT CLUB DR. 140-2	•	1.3 STREET	ADDRESS						
STREET ADDRESS	FT. LAUDERDALE FL									
CITY-ST-ZIP	D	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-411		☐ Change	Addition			
TITLE	LEVY, BENJAMIN	OLLETE				_ ,	_			
NAME	693 RACQUET CLUB DR. 140-2	İ	2.2 NAME	ADDRESS						
STREET ADDRESS	FT. LAUDERDALE FL		2.3 STREET	1		tue may				
CITY-ST-ZIP	FI. CAUDERDALE FL	☐ DELETE	2.4 CITY-S 3.1 TITLE	11-217		☐ Change	Addition			
TITLE			3.1 NAME		•	•	_			
NAME				, ADDDECC						
STREET ADDRESS	,		3.3 STREET							
CITY-ST-ZIP		□ DELETE	3.4. CITY- S 4.1 TITLE	1-ZIP		☐ Change	☐ Addition			
TITLE		□ nere ie			•					
NAME	,		4.2 NAME							
STREET ADDRESS			4.3 STREET							
CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,	□ DELETE	4.4 CITY-S	T-ZIP		Change	[] Addition			
TITLE			5.1 TITLE 5.2 NAME							
NAME			5.3 STREET	ADDRESS						
STREET ADDRESS		4								
CITY-ST-ZIP		□ pereze	5.4 CITY-S 6.1 TITLE	1-ZIP		Change	Addition			
TITLE	•	☐ DELETE	6.2 NAME			[_] Criange				
NAME										
STREET ADDRESS	,		6.3 STREE							
CITY-ST-ZIP	e		6.4 CITY-S	T-ZIP						

14. I 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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNIFICATION OF SIGNING OFFICER OR DIRECTOR

4/2/99 954-385--19/9 Date Daytime Phone CR2E034 (11/98)