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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000068660 (8)

FILED Feb 04 1998 8:00am Secretary of State

LEVY	& COMPANY, I	NC.											
Principal Plac	e of Business		Mailing Ad	dress					A FROMENDA ETO ADEBUD PENER BONEA DOUGH	AANN AANN A			ı
1287 WEST ATLANTIC BLVD. 1287 WEST ATLANTIC BLPOMPANO BEACH FL 33069 POMPANO BEACH FL 33													
								-	DO NOT WRITE	IN THIS S	PACE		\neg
									3. Date Incorporated or Qualified				Į
Orlnoinal B	lace of Business	2a. Mailing Address						09/28/1993 4. FEI Number				\dashv	
 i	IACO OI DUSINOSS	26								h	Applied For Not Applicab		
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						65-0443362			Additional	-	
22	.,	27						5. Certificate of Status Desired		,	Regulred		
City & Stat	e	City & State						6. Election Campaign Financing		\$5.0	O May Be		
23		28						Trust Fund Contribution			d to Fees		
Zip	Cour	ntry	Zip		Co	unlry			8. This corporation owes or has pa	id the curr	ent year i	Intangible	
24	25		29		30	,			Personal Property Tax due June			□ No	_
		ress of Current F	Registered Ag	egistered Agent				10. Name and Address of New Registered Agent			gent		
	EVY, ALAN J					81	Name						
1287 WEST ATLANTIC BLVD.						82	Street A	Addres	s (P.O. Box Number is Not Acceptab	le)			٦
	POMPANO BEACH	FL 33069				83							\dashv
						33							
						84	City			FL	85 Zij	p Code	
11. Pursuant	to the provisions of Se	ections 607.0502 a	nd 607,1508.	Florida Statut	es, the a	bove	-named o	corpor	ation submits this statement for the p		 changing	its registere	ā
office or r	egistered agent, or bom familiar with, and a	oth, in the State of	Florida, Such	change was a	authorize	d by	the corp	oration	ation submits this statement for the p i's board of directors. I hereby accep	ot the appo	ointment a	as registered	-
SIGNATURE	of James Will, 2015	oodprine oimgane	01, 00000	007.0000,710	JII GG G10		•						1
SIGNATURE	Signature, typed or printed no	inie of registered agent a	nd that if applicable	(NOT	: Registere	d Ager	nt signature r	oquired (when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS								ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	PST		☐ DELETE			ITLE					L Change	e 🔲 Additio	u 3
NAME	LEVY, ALAN J				1.2 NAME							3	
STREET ADDRESS	75 ROYAL PA				1.3 STREET ADDRESS							}	
CITY-ST-ZIP TITLE	FT LAUDERDA				1.4 CITY-ST-ZIF					Change	e 🔲 Additio	<u></u> }	
NAME			otten			IAME	1			•		, L Manue	" `
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP							ST-ZIP						
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NAME					3.2 N								
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP						CITY-S							
TITLE				DELETE	4.1 T					-	Change	e 🔲 Additio	'n
NAME					4.21	NAME	}						
STREET ADDRESS					4.3 S	TREET A	ADORESS						
CITY-ST-ZIP					4.4 C	ITY-ST	- ZIP						
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NAME					5.2 N	AME.							
STREET ADDRESS					5.3 S	TREET #	ADDRESS						
CITY-ST-ZIP				Dr. 200		ITY-\$1	- ZIP		·	,			_
TITLE			ι	DELETE	6 1 TI					l	Change	Addition	n
NAME					6.2 N								
STREET ADDRESS					6.3 S	TREET A	ADDRESS						
CITY-ST-ZIP	artifuthat the informat	inn numplind with	this tiling dass	not qualify to		TY-ST		lin Cr	otion 110 07/9/i) Elorido Statutos I i	Luthar a = =	life the state	- lufa	_

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 informatio indicated on this annual report or suppliemental 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.

GNATURE:

SIGNATURE:

954-795,9400