

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT



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

1996-196

B- 5124 NC

DOCUMENT # P93000082571 (9)

1. Corporation Name:  
**CAROL LEVITT, INC.**



Principal Place of Business

9700 COLLINS AVE  
STORE 110  
BAL HARBOUR FL 33154  
US

Mailing Address

9700 COLLINS AVE  
STORE 110  
BAL HARBOUR FL 33154  
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.  
22 City & State  
23 Zip  
24 County

26 State, Apt. #, etc.  
27 City & State  
28 Zip  
29 County

9. Name and Address of Current Registered Agent

LIPMAN, KENNETH W  
5355 TOWN CENTER RD., SUITE 801  
BOCA RATON FL 33486

3. Date Incorporated For or Qualified

12/02/1993

3a. Date of Last Report

04/26/1995

4. FFL Number

65-0462773

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 Fees

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.02(1) and 607.02(1)(b), Florida Statutes, the above named corporation voluntarily states the statutes and 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 terminated with and accept the provisions of Section 607.02(1)(c), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	DPS LEVITT, CAROL	9700 COLLINS AVE #110 BAL HARBOUR FL	
	DTVP FISCHER, HORST F. W	9700 COLLINS AVE #110 BAL HARBOUR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information set forth in this filing is true and correct and that I am an officer or director of the corporation and that my signature set forth on the same is a true and correct signature of the officer or director of the corporation. This report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 12 of this filing.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HORST F. W. FISCHER 4-19-96 305 865-7275

CR2E034 (12/95)