

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000008964 (6)

1. Corporation Name

LEVY, KNEEN, WIENER, KORNFELD & DEL RUSSO, P.A.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -7 PM 3:08

Principal Place of Business
**1400 CENTREPARK BLVD.
SUITE 1000
WEST PALM BEACH FL 33401**

Mailing Address
**1400 CENTREPARK BLVD.
SUITE 1000
WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/03/1994	3a. Date of Last Report
4. FEI Number 65-0465861	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. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

**KNEEN, JEFFREY D
1400 CENTREPARK BLVD.
SUITE 1000
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KNEEN, JEFFREY D
STREET ADDRESS	1400 CENTREPARK BLVD., SUITE 1000
CITY - ST - ZIP	WEST PALM BEACH FL 33401
TITLE	D
NAME	WIENER, DAVID J
STREET ADDRESS	1400 CENTREPARK BLVD., SUITE 1000
CITY - ST - ZIP	WEST PALM BEACH FL 33401
TITLE	D
NAME	KORNFELD, GARY L
STREET ADDRESS	1400 CENTREPARK BLVD., SUITE 1000
CITY - ST - ZIP	WEST PALM BEACH FL 33401
TITLE	D
NAME	DEL RUSSO, ALEXANDER D
STREET ADDRESS	1400 CENTREPARK BLVD., SUITE 1000
CITY - ST - ZIP	WEST PALM BEACH FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/V/T	☐ Change ☒ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	D/P	☐ Change ☒ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	D/V/S	☐ Change ☒ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	D/V	☐ Change ☒ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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, trustee, or assignee 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 omitted, or added) with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/95 4074784711