

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

APPROVED
AND
FILED

98 JUL 14 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000046283 (5)**

1. Corporation Name
SCOTT S. LEVINE, P.A.



Principal Place of Business
**1154 N UNIVERSITY DR
SUITE 305
PEMBROKE PINES FL 33024
US**

Mailing Address
**1154 N UNIVERSITY DR
305
PEMBROKE PINES FL 33024
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 **1152 North University Ave**
Suite, Apt. #, etc.
22 **301**
City & State
23 **Pembroke Pine**
Zip Country
24 **33024** 25 **US**

26 **1152 North University Ave**
Suite, Apt. #, etc.
27 **301**
City & State
28 **Pembroke Pines, FL**
Zip Country
29 **33024** 30 **US**

3. Date Incorporated or Qualified

06/17/1994

4. FEI Number

65-0496599

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LEVINE, SCOTT S P.A.
1154 N UNIVERSITY DR
SUITE 305
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent

81 Name

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

1152 North University Ave, #301

83

84 City

Pembroke Pines

FL

85 Zip Code

33024

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]

7/2/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D LEVINE, SCOTT S ESQ**
STREET ADDRESS **1154 N UNIVERSITY DR, 305**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS **1152 North University Ave, #301**

14 CITY-ST-ZIP **Pembroke Pines, FL 33024**

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

7/2/98

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.

SIGNATURE:

[Signature]

7/2/98

(54) 441-1410

0025372

CR2E034 (5/98)

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SCOTT S. LEVINE, P.A.
Attorney At Law

1152 NORTH UNIVERSITY DRIVE
SUITE 301
PEMBROKE PINES, FLORIDA 33024

TELEPHONE (954) 441-1910
FAX (954) 441-9402

July 2, 1998

Division of Corporations
Annual Reports Filings
Post Office box 1500
Tallahassee, Florida 32302 -1500

RE: Corporation Name: Scott S. Levine, P. A.
Document Number: P94000046283(5)

Dear Sir/Madame:

I in receipt of your department's second notice for the filing my corporations annual report. This was surprising to me as I had mailed my yearly corporate filing, with payment for the same on April 17, 1998. Upon my receipt of this "second notice" I immediately telephone the State of Florida Division of Corporations, where I was informed, that your office never received my 1998 corporate filing package with its enclosed check for the yearly filing fee.

I then reviewed my monthly bank statements, for the months of April and May. I found that the check which I forwarded to your office was never cashed, and the same has not been returned to me.

I then contacted the my local post office branch to see if I could trace what happened to the annual report. I was told it could take up to six months for lost items to be returned to the sender.

Therefore, I have enclosed the following documentation as proof of my timely submission of my yearly annual corporate report.

1. The photocopy of my check which was previously mailed to your department.
2. The photocopy of my annual report dated April 17, 1998.

In conclusion, I have enclosed a second check in the amount of \$150.00 to replace my lost check and cover the filing fee for this year. Moreover, I can assure you that this type of problem will not occur in the future as any future mailing's to your department will be sent via certified mail or Federal Express.

Thank you for your time and attention to this matter.

Very truly yours,


SCOTT S. LEVINE