FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000054257 (8)**

1. Corporation Name

POLLACK & LEVINE, P.A.

Principal Place of Business	Mailing Address
CYPRESS PARK WEST SUITE 407, 6700 N. ANDREWS AVE. FT. LAUDERDALE FL 33309	CYPRESS PARK WEST SUITE 407, 6700 N. ANDREWS AVE. FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/20/1994

3a. Date of Last Report:

2. Principal Place of Business
21: 1776 N PINE ISLAND RD
22 Suite, Apt. #, etc.: 208
23 City & State: PLANTATION, FL
24 Zip: 33322
25 Country: USA

2a. Mailing Address
26: 1776 N PINE ISLAND RD
27 Suite, Apt. #, etc.: 208
28 City & State: PLANTATION, FL
29 Zip: 33322
30 Country: USA

4. FEI Number: 65-0504721 ☐ 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

9. Name and Address of Current Registered Agent

POLLACK, MARC R
CYPRESS PARK WEST
SUITE 407, 6700 N. ANDREWS AVE.
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name: POLLACK, MARC R
82 Street Address (P.O. Box Number is Not Acceptable): 1776 N PINE ISLAND RD
83: SUITE 208
84 City: PLANTATION **FL** 85 Zip Code: 33322

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 X (Signature, typed or printed name of registered agent and title if applicable) MARC R. POLLACK, PRES. (NOTE: Registered Agent signature required when reinstating) DATE 4/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	☒ Change ☐ Addition
NAME	POLLACK, MARC R	12 NAME	
STREET ADDRESS	CYPRESS PARK W, #407, 6700 N ANDREWS AVE.	13 STREET ADDRESS	1776 N PINE ISLAND RD, STE 208
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	14 CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	DVT	21 TITLE	☒ Change ☐ Addition
NAME	LEVINE, DAVID I	22 NAME	
STREET ADDRESS	CYPRESS PARK W, #407, 6700 N ANDREWS AVE.	23 STREET ADDRESS	1776 N PINE ISLAND RD, STE 208
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	24 CITY-ST-ZIP	PLANTATION, FL 33322
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: X DAVID LEVINE, TREAS. 4/26/95 305-413-6088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0216381 CP