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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000010089**1. Corporation Name

K & G LEVY CORP.

FILED
Mar 10, 1999 8:00 am
Secretary of State
Secretary of State
03 10 1000 00220 011 ***150 00

Principal Place	e of Business	Mailing Address							••••	
		4321 RIVER VIEW	AVE.							-
7744177 7 2 0000	<b>v</b> .					DO NOT WRITE II	N THIS SI	PACE		
						3. Date Incorporated or Qualifed 02/06/1995				
2. Principal Pl	lace of Business	2a. Mailing Addre	ss			4. FEI Number		Ap	olied For	
21		26				59-3288022		No	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #,	etc.			5. Certifcate of Status Desired	1	\$8.75 A		
22		27				3. Certificate of Status Desired	J	Fee Re	quired	
City & State		City & State	City & State			6. Election Campaign Financing	ו	\$5.00		
23		28				Trust Fund Contribution		Added t	Fees	
Zìp	Country	Zip		Country		8. This corporation owes the current y				
24	25	29	30	-		Personal Property Tax.			□No	
	9. Name and Address of Cur	rent Registered Agent		81	Name	10. Name and Address of New Regi	stered Ag	jent		
I EVY	y, kenneth d			("	( vaine					
	1 RIVER VIEW AVE.			82	Street Add	ress (P.O. Box Number is Not Acceptable)	)			
	IPA FL 33607			83		<u> </u>	<del></del>			
17 (17)				03	}					
				84	City		FL	85 Zip (	ode	
office or re	to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with, and accept the obline	ate of Florida. Such chang	e was authori	zed by	the corporation	poration submits this statement for the purplion's board of directors. I hereby accept the	oose of ch	panging its ment as reg	registered gistered	-
office or re agent. I ar SIGNATURE	registered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed name of registered	ate of Florida, Such chang ligations of, Section 607.0: agent and title if applicable.	e was authori 505, Florida S (NOTE: Registe	zed by tatutes ered Ager	the corporati	on's poard of directors. I nereby accept the	pose of che e appointr	nent as re		, (80
office or reagent. I an SIGNATURE	registered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed name of registered OFFICERS	ate of Florida. Such chang ligations of, Section 607.00 agent and title if applicable.  AND DIRECTORS	e was authori 505, Florida S (NOTE: Registe	zed by tatutes ered Ager	the corporati	on's poard of directors. I hereby accept the	pose of che e appointr	DIRECTO	RS IN 12	14/08/
office or reagent. I are SIGNATURE  12.	registered agent, or both, in the Starm familiar with, and accept the obling signature, typed or printed name of registered OFFICERS  DPT	ate of Florida, Such chang ligations of, Section 607.0: agent and title if applicable.	(NOTE: Registr	tatutes ered Ager 13.	the corporati	on's poard of directors. I nereby accept the	pose of che e appointr	nent as re		, (44/08)
office or reagent. I an SIGNATURE  12.  TITLE  NAME	registered agent, or both, in the Starm familiar with, and accept the obling signature, typed or printed name of registered OFFICERS  DPT  LEVY, KENNETH D	ate of Florida. Such chang ligations of, Section 607.00 agent and title if applicable.  AND DIRECTORS	(NOTE: Registrement of the control o	zed by tatutes ered Ager 13. 1 TITLE 2 NAME	the corporation	on's poard of directors. I nereby accept the	pose of che e appointr	DIRECTO	RS IN 12	1034 (41/08)
office or reagent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS	registered agent, or both, in the Stam familiar with, and accept the oblessing the state of the	ate of Florida. Such chang ligations of, Section 607.00 agent and title if applicable.  AND DIRECTORS	(NOTE: Registrement of the control o	zed by tatutes  ered Ager  13.  1 TITLE 2 NAME 3 STREET	TADDRESS	on's poard of directors. I nereby accept the	pose of che e appointr	DIRECTO	RS IN 12	1005/14/08/
office or reagent. I an SIGNATURE  12.  TITLE  NAME	registered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed name of registered OFFICERS  DPT  LEVY, KENNETH D  4321 RIVER VIEW AVE.  TAMPA FL 33607	ate of Florida. Such chang ligations of, Section 607.00 agent and title if applicable.  AND DIRECTORS	(NOTE: Registree 1. LETE 1. 1. 1. 1.	zed by tatutes ered Ager 13. 1 TITLE 2 NAME	TADDRESS	on's poard of directors. I nereby accept the	pose of che appointr	DIRECTO	RS IN 12	CD2E034 (41/08)
office or reagent. I an SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Stam familiar with, and accept the obling familiar with, and accept the obline familiar with, and accept the obling familiar with, and accept the obling familiar with, and accept the obline familiar with a supplier with a supplie	ate of Florida. Such chang ligations of, Section 607.0:  agent and title if applicable.  AND DIRECTORS	e was authori 505, Florida S (NOTE: Registe 1. LETE 1. 1. 1.	zed by tatutes  ered Ager  13.  1 TITLE 2 NAME 3 STREET 4 CITY-S	TADDRESS	on's poard of directors. I nereby accept the	pose of che appointr	DIRECTO	RS IN 12	CD2E034 (41/08)
office or reagent. I an SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE	registered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed name of registered OFFICERS  DPT  LEVY, KENNETH D  4321 RIVER VIEW AVE.  TAMPA FL 33607	ate of Florida. Such chang ligations of, Section 607.0:  agent and title if applicable.  AND DIRECTORS	e was authori 505, Florida S  (NOTE: Registe 1.  LETE 1.  1.  1.  LETE 2.	red Ager  13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME	TADDRESS	on's poard of directors. I nereby accept the	pose of che appointr	DIRECTO	RS IN 12	CD2E034 (41/08)
office or reagent. I an SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	registered agent, or both, in the Stam familiar with, and accept the oblining familiar with accept the oblining familiar with a second familiar with	ate of Florida. Such chang ligations of, Section 607.0:  agent and title if applicable.  AND DIRECTORS	e was authori 505, Florida S  (NOTE: Registe 1.	red Ager  13. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME	T ADDRESS	on's poard of directors. I nereby accept the	pose of che appointr	DIRECTO	RS IN 12 Addition	CD2E034 (41/08)
office or reagent. I an SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the Stam familiar with, and accept the oblessing familiar with, and accept the Standard OFFICERS  DPT LEVY, KENNETH D 4321 RIVER VIEW AVE.  TAMPA FL 33607  VPSD LEVY, GLADYS 4321 RIVER VIEW AVE.	ate of Florida. Such chang ligations of, Section 607.0:  agent and title if applicable.  AND DIRECTORS	e was authori 505, Florida S  (NOTE: Registe 1.  LETE 1.  1.  1.  LETE 2.  2.  2.	red by tatutes  ared Ager  13.  1 TITLE  2 NAME  3 STREET  4 CITY-S  1 TITLE  2 NAME  3 STREET	T ADDRESS	on's poard of directors. I nereby accept the	DATE ERS AND	DIRECTO	RS IN 12	CD2E024 (41/08)
office or reagent. I an SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Stam familiar with, and accept the oblessing familiar with, and accept the Standard OFFICERS  DPT LEVY, KENNETH D 4321 RIVER VIEW AVE.  TAMPA FL 33607  VPSD LEVY, GLADYS 4321 RIVER VIEW AVE.	ate of Florida. Such chang ligations of, Section 607.0:  agent and title if applicable.  AND DIRECTORS  DE	e was authoriso55, Florida S  (NOTE: Registe  (NOTE: Registe  1.  LETE  1.  2.  LETE  2.  LETE  3.	red by tatutes  ared Ager  13.  1 TITLE  2 NAME  3 STREET  4 CITY-S  1 TITLE  2 NAME  3 STREET  4 CITY-S	T ADDRESS	on's poard of directors. I nereby accept the	DATE ERS AND	DIRECTO Change	RS IN 12 Addition	CD2E024 (41/08)
office or reagent. I an SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE	registered agent, or both, in the Stam familiar with, and accept the oblessing familiar with, and accept the Standard OFFICERS  DPT LEVY, KENNETH D 4321 RIVER VIEW AVE.  TAMPA FL 33607  VPSD LEVY, GLADYS 4321 RIVER VIEW AVE.	ate of Florida. Such chang ligations of, Section 607.0:  agent and title if applicable.  AND DIRECTORS  DE	e was authoriso505, Florida S  (NOTE: Registe  1.  LETE 1.  1.  LETE 2.  2.  LETE 3.  3.	zed by tatutes  13.  1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE	T ADDRESS	ad when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND	DIRECTO Change	RS IN 12 Addition	CD2E034 (41/08)
office or reagent. I an SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	registered agent, or both, in the Stam familiar with, and accept the oblessing familiar with, and accept the Standard OFFICERS  DPT LEVY, KENNETH D 4321 RIVER VIEW AVE.  TAMPA FL 33607  VPSD LEVY, GLADYS 4321 RIVER VIEW AVE.	ate of Florida. Such chang ligations of, Section 607.0:  agent and title if applicable.  AND DIRECTORS  DE	e was authors 505, Florida S  (NOTE: Registe 1.	zed by tatutes  area Ager  3.  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  A CITY-S  A CITY-S  A CITY-S	T ADDRESS T ADDRESS T ADDRESS	ad when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND	DIRECTO Change Change	RS IN 12 Addition Addition	CD2E024 (41/09)
office or reagent. I an SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	registered agent, or both, in the Stam familiar with, and accept the oblessing familiar with, and accept the Standard OFFICERS  DPT LEVY, KENNETH D 4321 RIVER VIEW AVE.  TAMPA FL 33607  VPSD LEVY, GLADYS 4321 RIVER VIEW AVE.	ate of Florida. Such chang ligations of, Section 607.0:  agent and title if applicable.  AND DIRECTORS  DE	e was authoriso505, Florida S  (NOTÉ: Registe  1.  LETE 1. 1. 1. 2. 2. 2. LETE 3. 3. 3. LETE 4.	red Ager  I3.  I TITLE  NAME  STREET  A CITY-S  I TITLE  NAME  A CITY-S  TITLE  NAME  STREET  A CITY-S  TITLE  NAME  TITLE  I TITLE  I TITLE  I TITLE	T ADDRESS T ADDRESS T ADDRESS	ad when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND	DIRECTO Change	RS IN 12 Addition	CD0E034 (41/08)
office or reagent. I an SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Stam familiar with, and accept the oblessing familiar with, and accept the Standard OFFICERS  DPT LEVY, KENNETH D 4321 RIVER VIEW AVE.  TAMPA FL 33607  VPSD LEVY, GLADYS 4321 RIVER VIEW AVE.	ate of Florida. Such chang ligations of, Section 607.0:  agent and title if applicable.  AND DIRECTORS  DE	e was authoriso55, Florida S  (NOTE: Register 1.	zed by tatutes  13.  1 TITLE 12 NAME 3 STREET 1 TITLE 2 NAME 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 1 TITLE 1 TITLE 1 TITLE 1 TITLE 2 NAME 2 NAME 2 NAME 2 NAME 2 NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	ad when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND	DIRECTO Change Change	RS IN 12 Addition Addition	CD2E034 (41/08)
office or reagent. I an SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the Stam familiar with, and accept the obling familiar with accept the obling familiar with accept the obling familiar with accept familiar with, and accept the obline of the obline obline of the obline obline of the obline obli	ate of Florida. Such chang ligations of, Section 607.0:  agent and title if applicable.  AND DIRECTORS  DE	e was authors 505, Florida S  (NOTE: Registrement of the second of the s	zed by tatutes  13.  1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 4 CITY-S 1 TITLE 2 NAME 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 3 STREET 3 STREET	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS	ad when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND	DIRECTO Change Change	RS IN 12 Addition Addition	CDDE034 (41/08)
office or reagent. I an agent. I an agent. I an SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	registered agent, or both, in the Stam familiar with, and accept the obling familiar with accept the obling familiar with accept the obling familiar with accept familiar with, and accept the obline of the obline obline of the obline obline of the obline obli	ate of Florida. Such chang ligations of, Section 607.0:  agent and title if applicable.  AND DIRECTORS  DE	e was authoriso505, Florida S  (NOTE: Registe  (NOTE: Registe  1.  LETE 1.  1.  LETE 2.  2.  2.  LETE 3.  3.  3.  LETE 4.  4.  4.	zed by tatutes  red Ager  13.  1 TITLE  1 NAME  3 STREET  1 TITLE  2 NAME  3 STREET  4 CITY-S  1 TITLE  2 NAME  3 STREET  1 TITLE  2 NAME  3 STREET  4 CITY-S  3 STREET  4 CITY-S  3 STREET  4 CITY-S  3 STREET  4 CITY-S  5 TITLE  2 NAME  3 STREET  4 CITY-S  1 TITLE  2 NAME  3 STREET  4 CITY-S	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS	ad when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND	DIRECTO Change Change Change	RS IN 12 Addition Addition	CD2E03A (44 /08)
office or reagent. I an agent.	registered agent, or both, in the Stam familiar with, and accept the obling familiar with accept the obling familiar with accept the obling familiar with accept familiar with, and accept the obline of the obline obline of the obline obline of the obline obli	ate of Florida. Such chang ligations of, Section 607.0:  agent and title if applicable.  AND DIRECTORS  DE	e was authoriso55, Florida S  (NOTÉ: Registe  (NOTÉ: Registe  1.  LETE 1.  1.  1.  LETE 2.  2.  2.  LETE 3.  3.  3.  LETE 4.  4.  LETE 5.	zed by tatutes  13.  1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 4 CITY-S 1 TITLE 2 NAME 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 3 STREET 3 STREET	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS	ad when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND	DIRECTO Change Change	RS IN 12 Addition Addition	CDDEC034 (44/08)
office or reagent. I are signature  12.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST- ZIP  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  NAME	registered agent, or both, in the Stam familiar with, and accept the obless of the state of the	ate of Florida. Such chang ligations of, Section 607.0:  agent and title if applicable.  AND DIRECTORS  DE	e was authoriso55, Florida S  (NOTE: Registe 1  LETE 1. 1. 1. LETE 2. 2. 2. LETE 3. 3. 3. LETE 4. 4. LETE 5.	zed by tatutes  red Ager  13.  1 TITLE  2 NAME  3 STREET  4 CITY-S  1 TITLE  2 NAME  4 CITY-S  1 TITLE  2 NAME  3 STREET  4 CITY-S  1 TITLE  2 NAME  3 STREET  1 TITLE  2 NAME	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS	ad when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND	DIRECTO Change Change Change	RS IN 12 Addition Addition	CD0E034 (44,08)
office or reagent. I an SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the Stam familiar with, and accept the obless of the state of the	ate of Florida. Such chang ligations of, Section 607.0:  agent and title if applicable.  AND DIRECTORS  DE	e was authoriso505, Florida S  (NOTE: Register 1.	zed by tatutes  red Ager  13.  1 TITLE  2 NAME  3 STREET  4 CITY-S  1 TITLE  2 NAME  4 CITY-S  1 TITLE  2 NAME  3 STREET  4 CITY-S  1 TITLE  2 NAME  3 STREET  1 TITLE  2 NAME	T ADDRESS T-ZIP	ad when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND	DIRECTO Change Change Change	RS IN 12 Addition Addition	CD2E034 (41/08)
office or reagent. I an SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP	registered agent, or both, in the Stam familiar with, and accept the obless of the state of the	ate of Florida. Such chang ligations of, Section 607.0:  agent and title if applicable.  AND DIRECTORS  DE	e was authoriso505, Florida S  (NOTE: Register 1.	gred Ager  13.  1 TITLE  1 NAME  3 STREET  1 TITLE  2 NAME  4 CITY-S  1 TITLE  4 CITY-S  1 TITLE  2 NAME  3 STREET  4 CITY-S  1 TITLE  2 NAME  3 STREET  1 TITLE  2 NAME  3 STREET  1 TITLE  2 NAME  3 STREET  3 STREET  3 STREET  3 STREET  4 CITY-S  3 STREET  3 STREET  3 STREET  4 CITY-S  3 STREET  3 STREET  4 CITY-S  4 CITY-S  5 STREET  5 STREET  6 STREET  7 STREET	T ADDRESS T-ZIP	ad when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND	DIRECTO Change Change Change	RS IN 12 Addition Addition	CD0E024 (44,09)
office or it agent. I ai agent. I ai agent. I ai agent. I ai SIGNATURE  12.  Title NAME STREET ADDRESS CITY- \$1- ZIP TITLE NAME STREET ADDRESS CITY-\$1- ZIP TITLE	registered agent, or both, in the Stam familiar with, and accept the obless of the state of the	ate of Florida. Such chang ligations of, Section 607.0:  agent and title if applicable.  AND DIRECTORS  DE  DE	e was authoriso55, Florida S  (NOTE: Register   1 LETE	zed by tatutes  red Ager  13.  1 TITLE  2 NAME  3 STREET  1 TITLE  2 NAME  4 CITY-S  4 CITY-S  1 TITLE  2 NAME  3 STREET  4 CITY-S  1 TITLE  2 NAME  3 STREET  1 TITLE  2 NAME  3 STREET  4 CITY-S  3 STREET  4 CITY-S  3 STREET  4 CITY-S  4 CITY-S  5 TITLE  4 CITY-S  5 TITLE  4 CITY-S  6 TITLE  6 TITLE  7 TITLE  7 TITLE  7 TITLE  8 TITLE  8 TITLE  9 TITLE  9 TITLE  1 TITLE	T ADDRESS T-ZIP	ad when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND	DIRECTO Change Change Change Change	RS IN 12 Addition Addition	CD2E034 (44/08)
office or reagent. I an SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP	registered agent, or both, in the Stam familiar with, and accept the obless of the state of the	ate of Florida. Such chang ligations of, Section 607.0:  agent and title if applicable.  AND DIRECTORS  DE  DE	e was authoriso505, Florida S  (NOTE: Registrement of the second of the	gred Ager  13.  1 TITLE  2 NAME  3 STREET  4 CITY-S  1 TITLE  2 NAME  3 STREET  1 TITLE  2 NAME  3 STREET  1 TITLE  2 NAME  3 STREET  1 TITLE  2 NAME	T ADDRESS T-ZIP	ad when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND	DIRECTO Change Change Change Change	RS IN 12 Addition Addition	CD2E024 (44/08)

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 it 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, with all other like empowered.

SIGNATURE: