Mailing Address TOO E DANIA DEACH DIVID

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000012692**

1. Corporation Name

Principal Place of Business

LEVEL UP CORPORATION

700 E DANIA 6	EACH BLVD	202						
DENIA FL 3300					DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated or Qualifed			
					02/13/1995			}
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ар	plied For
21		26			65-0571513		No	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75	Additional
	<i>A</i> , 0.0.	27			5. Certifcate of Status Desir	ed 🔲	Fee Re	quired
22 City & Stat	A: 5	City & State.	-		- 6. Election Campaign Finan	cina — -	\$5.00	May Be
23	•	28	-		Trust Fund Contribution	cing	Added t	•
Zip	Country	Zip	Cour	try	8. This corporation owes the	current year Inta	angible	. ,
24	25		30	•	Personal Property Tax.	, , , , , , , , , , , , , , , , , , , ,	Yes	X No
	9 Name and Address of Curre		7.		10. Name and Address of I	lew Registered	Agent	
				Name 7	PATRICK VIVI	X		
BARTHE, FREDERIC M				7	iress (P.O. Box Number is Not A			
888	S.E. 3RD AVENUE			Street Add	E DAMA BC		0	į
Suit	E 400			33 50	< 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10			
FT. I	LAUDERDALE FL 33316		1	OVIT	2 802		11	
				City D	MYNJ A	FI.	85 Zp 3	Code
44 Pursuant	to the provisions of Sections 697.050	02 and 607.1508. Florida Statutes	s. the at	ove-named corp	poration submits this statement for	or the purpose of	changing its	registered
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the object	of Florida. Such change was aut slights of Section 07.0505, Florid	thorized da Statu	by the corporations.	ion's board of directors. I hereby	accept the appoin	ntment as re	gistered
SIGNATURE								
	Signature, typed or printed name of registered age	<u>``</u>	_	gent signature require		DATE	D DIRECTO	DC IN 12
12.	DP OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES T	U OFFICERS AN	☐ Change	Addition
TITLE	1 -	DECETE						
NAME	PAUWELS, LUC		1.2 NA					
STREET ADDRESS	1920 DIEGEM			EET ADDRESS				
CITY-ST-ZIP	KOSTERSTRATT 123 BELGIUN	IT DELETE		-ST-ZIP			Change	Addition
TITLE		□ DELETE	2.1 TIT				onlange	
NAME			2.2 NA					
STREET ADDRESS			2.3 ST	EET ADDRESS				
CITY-ST-ZIP			2. 4 CF	Y-ST-ZIP				
TITLE		☐ DELETE	3.1 TIT	-			. Change	☐ Addition
NAME ·			3.2 NA	E				
STREET ADDRESS	•		3.3 ST	EET ADORESS				1
CITY-ST-ZIP			3.4. Cf	Y-ST-ZIP		<u> </u>		
TITLE		☐ DELETE	4.1 TIT	E			☐ Change	Addition
NAME			4, 2 NA	νtΕ				
STREET ADDRESS	L		4.3 STI	EET ADDRESS				
CITY-ST-ZIP			4.4 CIT	-ST-ZIP			· .	
TITLE		☐ DELETE	5.1 TIT	E			☐ Change	Addition
NAME			5.2 NA	E				
STREET ADDRESS			5.3 STI	EET ADDRESS				Į
CITY-ST-ZIP	J			Į.				1
			5.4 CIT	'-ST-ZIP				
TITLE		☐ DELETE	5.4 CIT				Change	Addition

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90006 025 ***150.00