PROFIT
CORPORATION
ANNUAL REPORT
1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000013723

LEVON KEENAN DAYTON, P.A.

Principal Place of Business
1865 BRICKELL AVENUE STE. A-609

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

MIAMI FL 33129

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Zip

Mailing Address

2a, Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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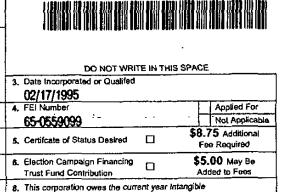
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9. Name and Address of Current Registered Agent

1865 BRICKELL AVENUE STE. A-609 MIAMA FL 33129

## FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90079 027 \*\*\*150.00



DAYTON, M L 340 BISCAYNE BLVD. 10TH FLOOR MIAMI FL 33132

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	Personal Property - lax.		<u>ء، ت</u>	5			
10. Name and Address of New Registered Agent							
81	Name						
82	Street Address (P.O. Box Number is Not Acceptable	e)					
В3							
84	City	FI	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.

Country

Signatura, typed or printed name of registered agent and the # applicable. (NOTE: Registered Agent signature required when reinstalling) DATE										
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	D DELETE	1.1 TITLE		Change	Addition [					
NAME	DAYTON, LEVON K	12 NAME			Į					
STREET ADDRESS	1865 BRICKELL AVENUE STE. A-609	1.3 STREET ADDRESS			- 1					
CITY-ST-ZIP	MIAMI FL 33129	14 CITY-ST-ZIP								
TILE	☐ DELETE	2.1 TITLE		Change	Addition					
NAME		22 NAME	•							
STREET ADDRESS		2.3 STREET ADDRESS	•	•						
CITY-ST-ZIP		2.4 CITY-ST-ZIP		<u> </u>						
TITLE	DELETE	3 i TITLE		Change	Addition					
NAME		3.2 NAME								
STREET ADDRESS		3.3 STREET ADDRESS								
CITY-ST-ZIP		3.4. CITY-ST-ZIP								
- TITLE	☐ DELETE	4.1 TITLE		Change	Addition					
NAME		4. 2 NAME								
STREET ADDRESS		43 STREET ADDRESS								
CITY-S1-ZIP		44 CITY-ST-ZIP								
TITLE	DELETE	51 TTLE		Change	Addition					
NAME		52 NAME								
STREET ADDRESS		5.3 STREET ADDRESS								
CITY-ST-ZIP		5.4 CITY-ST-ZIP								
TITLE	DELETE	6,1 TITLE	,	Change	Addition					
NAME		62 NAME								
STREET ADDRESS		63 STREET ADDRESS	•							
CITY-ST-ZIP	A should be seen and supplied for the	6.4 CITY-ST-ZIP	and afficient Plant and a second	6. that the fa	formatina					

14. I heraby certify that the information supplied with this filing does not quality 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED MANIE OF SIGNING OFFICER OR DIRECTON

3/21/99

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CR2E034 (11/98)