Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90153 001 \*\*\*150.00

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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P95000041437

1. Corporation Name

| Levin ai  | nd Tannenbaum, P.A.  |  |  |   |              |   |  |                           |  |
|---|--|--|--|---|--------------|---|--|---------------------------|--|
| Principal Place   | e of Business  | Mailing Address  |  |   |              | 1 1001100) 110 10101 Billi Antii  | <b>48</b> (11 <b>49</b> (11 <b>46</b> (11 <b>4</b> | 1 <b>55</b> 1 15611 601   | <b>188</b> (1151 1 <b>58</b> 1 1 <b>68</b> 1 |
| 1680 FRUITVILL  |  | 1680 FRUITVILLE RD   |  |   |              |   |  |                           |  |
| STE 102   |  | SRTE 102   |  |   |              | DO NOT W  |  |                           |  |
| SARASTOA FL 34236   |  | SARASOTA FL 34236  |  |   |              | DO NOT WRITE IN THIS SPACE  |  |                           |  |
| US<br>  |  | US   |  |   |              | Date Incorporated or Qualife 05/25/1995                                     |  |                           |  |
| 2. Principal Pl   | lace of Business   | 2a. Mailing Address  |  |   | 4.           | , FEI Number  |  |                           | Applied For                                  |
| 21  |  | 26   |  |   |              | <u>65-0583708</u>   |  |                           | Not Applicable                               |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.  |  |   | 5.           | . Certifcate of Status Desired  |  |                           | Additional<br>Required                       |
| 22  |  | 27   |  |   |              |   |  |                           |  |
| City & State  | е  | City & State   |  |   | 6.           | Election Campaign Financing   | g 🗆  |                           | May Be d to Fees                             |
| 23  | Country  | Zip  | Country  |   |              | Trust Fund Contribution   | ·  |                           | O TO FEES                                    |
| Zip   | Country  | <b>⊢</b> '   | 30   | •   | 8.           | <ul> <li>This corporation owes the cu<br/>Personal Property Tax.</li> </ul> | irrent year ma                                     | ingible<br>□Yes           | □No  |
| 24  | 9. Name and Address of Current   | 29 Registered Agent  | [30]   |   | 10           | Name and Address of New   | Registered /                                       |                           | <del></del>                                  |
| <u> </u>  | 9. Name and Address of Content   | Kedisteren Wann  | 81   | Name  |              | , Isanio ana realization de   | 1.08.0   | 18                        | -  |
| LEVII   | N, JEROME S  |  | _  |   |              | =                                     | . 1.1.3  |                           |  |
|   | FRUITVILLE RD STE 102  |  | 82   | Street /  | Address (I   | P.O. Box Number is Not Accep  | ptable)  |                           | l  |
|   | ASOTA FL 34236   |  | 83   | -   |              |   |  |                           | <del> </del>                                 |
|   |  |  |  |   |              |   |  | · · · ·                   |  |
| ļ   |  |  | 84   | City  |              |   | FL   | 85   Zi                   | Code   |
|   | 10 1007.0500   | and 607 1508 Elected Statut  | loc the abov   | n named   | corporatio   | on submits this statement for th  | ne purpose of                                      | changing                  | its registered                               |
| I 11 Pursuant i   | to the provisions of Sections 607.0502   | ' Ann bur, Ibuo, Fiolida Şişibi  | les, the abov  | e-nameo   |              | of continuo and continuity of   |  |                           |  |
|   | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State o<br>m familiar with, and accept the obligati   | ons of, Section 607.0505, Flo  | uthorized by<br>orida Statutes   | the corpo   | oration's b  | poard of directors. I hereby acc  | cept the appoir                                    | itment as                 | registered                                   |
| SIGNATURE   |  |  | nuthorized by orida Statutes   |   |              |   | cept the appoir                                    | ntment as                 | registered                                   |
| SIGNATURE   | to the provisions of Sections 607,0502 egistered agent, or both, in the State o m familiar with, and accept the obligati  Signature, typed or printed name of registered agent  OFFICERS AND | and title if applicable. (NOTE   |  |   | equired when |   | DATE   |                           | TORS IN 12                                   |
| SIGNATURE   | Signature, typed or printed name of registered agent   | and title if applicable. (NOTE   | Registered Age   |   | equired when | reinstating)  | DATE   |                           | FORS IN 12                                   |
| SIGNATURE   | Signature, typed or printed name of registered agent OFFICERS AND  | and title if applicable. (NOTE   | Registered Age   |   | equired when | reinstating)  | DATE   | D DIREC                   | TORS IN 12                                   |
| SIGNATURE  12. TITLE  | Signature, typed or printed name of registered agent OFFICERS AND  | and title if applicable. (NOTE   | 13. 1.1 TITLE 1.2 NAME   |   | equired when | reinstating)  | DATE   | D DIREC                   | TORS IN 12                                   |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS   | Signature, typed or printed name of registered agent OFFICERS AND PD TANNENBAUM., ALAN E   | and title if applicable. (NOTE   | 13. 1.1 TITLE 1.2 NAME   | nt signature n  | equired when | reinstating)  | DATE   | D DIREC                   | FORS IN 12<br>e Addition                     |
| SIGNATURE  12. TITLE NAME   | Signature, typed or printed name of registered agent OFFICERS AND PD TANNENBAUM., ALAN E 1680 FRUITVILLE RD STE 102  | and title if applicable. (NOTE   | 13. 1.1 TITLE 1.2 NAME 1.3 STREE   | nt signature n  | equired when | reinstating)  | DATE   | D DIREC                   | FORS IN 12<br>e Addition                     |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Signature, typed or printed name of registered agent OFFICERS AND PD TANNENBAUM., ALAN E 1680 FRUITVILLE RD STE 102 SARASOTA FL  | and title if applicable. (NOTE<br>D DIRECTORS                                      | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S  | nt signature n  | equired when | reinstating)  | DATE   | D DIREC Chang             | FORS IN 12<br>e Addition                     |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | Signature, typed or printed name of registered agent OFFICERS AND PD TANNENBAUM., ALAN E 1680 FRUITVILLE RD STE 102 SARASOTA FL VPD  | and title if applicable. (NOTE<br>D DIRECTORS                                      | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME   | nt signature n  | equired when | reinstating)  | DATE   | D DIREC Chang             | FORS IN 12<br>e Addition                     |
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CITY-ST-ZIP 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 entrugite 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.

6.4 CITY-ST-ZIP

SIGNATURE: