FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000064071 (0)**

1. Corporation Name

LEVIATHAN SYSTEMS, INC.

Principal Place of Business	Mailing Address
625 WOODGATE CIRCLE FT. LAUDERDALE FL 33326	625 WOODGATE CIRCLE FT. LAUDERDALE FL 33326

3. Date Incorporated or Qualified: 08/18/1995
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc (22): (27):
City & State (23): (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: 65-0614038 ☐ 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

GINSBURG, CHARLES M
562 STONEMONT DRIVE
FT. LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name: Brian Antonoff
82 Street Address (P.O. Box Number is Not Acceptable): 625 Woodgate Circle
83:
84 City: Ft. Lauderdale FL 85 Zip Code: 33326

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 _____ DATE: 2/21/96
Signature, typed or printed name, and title of person signing (see instructions) (NOTE: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Charles M. Ginsburg		1.2 NAME	
STREET ADDRESS	[redacted] 625 Woodgate Circle		1.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale FL 33326		1.4 CITY-ST-ZIP	
TITLE	Vice President	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Brian Antonoff		2.2 NAME	
STREET ADDRESS	625 Woodgate Circle		2.3 STREET ADDRESS	
CITY-ST-ZIP	Ft Lauderdale FL 33326		2.4 CITY-ST-ZIP	
TITLE	Treasurer	☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	Carolyne Antonoff		3.2 NAME	
STREET ADDRESS	625 Woodgate Circle		3.3 STREET ADDRESS	
CITY-ST-ZIP	Ft Lauderdal FL 33326		3.4 CITY-ST-ZIP	
TITLE	Treasurer	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Alex Rosenthal		4.2 NAME	
STREET ADDRESS	625 Woodgate Circle		4.3 STREET ADDRESS	
CITY-ST-ZIP	Ft Lauderdale FL 33326		4.4 CITY-ST-ZIP	
TITLE	~~Secretary~~ Secretary	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Joe Canas		5.2 NAME	
STREET ADDRESS	625 Woodgate Circle		5.3 STREET ADDRESS	
CITY-ST-ZIP	Ft Lauderdale, FL 33326		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 _____ 2/21/96 (305)389-4272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #