FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P95000093199 (4)

LEVIE	FUNDING, INC.						
Principal Place	of Business	Ma ling Address				I BEHIL BEHILD IBK	FO JANUN 14840 1844 1841 1881
			ve-				
217 N. WESTMONTE DRIVE SUITE 3025 ALTAMONTE SPRINGS FL 32714		217 N. WESTMONTE DRIVE SUITE 3025 ALTAMONTE SPRINGS FL 32714					
					3 Data bases are tail as O will all	Tan Du	
					 Date Incorporated or Qualified 12/07/1995 	3a. Date	of Last Report
2. Principal Pl	ace of Business	2a. Mailing Address		······	4. FEI Number	,	Applied For
21		26			59-3349572		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional
22		27			5. Certificate of Status Desired		Fee Required
City & State		City & State			6. Election Campaign Financing		\$5.00 May Be
Zip Country		28	28		Trust Fund Contribution		Added to Fees
24	25		Countr 30	У	8. This corporation has liability for Florida Statutes Yes	r intangible ta s ∷∏ No	x unders 199.032,
	9. Name and Address of Curren		30	·	10. Name and Address of New		Agent
			8	Name			
Levie, N	IANCY M		8:	Stroot	Address (P.O. Box Number is Not Accepta	hlo)	
217 N. V	Westmonte drive		"	Sireet	Address (1.0. Dox Maimber is Not Accepta	iole)	
SUITE 3			83	3			
ALTAMO	INTE SPRINGS FL 32714		84	l City			85 Zip Code
				1		FL	1 1
 Pursuant t or register 	to the provisions of Sections 607.0502 red acent, or both, in the State of Florio	and 607.1508, Florida Statutes, la. Such change was authorized	the above	named co	proporation submits this statement for the probability of directors. I hereby accept the appropriate the probability of the pro	irpose of cha	nging its registered office
familiar wit	th, and accept the obligations of, Secti	on 607.0505, Florida Statutes.		perations	ded a or directors. Thereby accept the app	JOHN HEIR AS	registered agent. Fam
SIGNATURE							
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	ant signature re	equired where reinstating) ADDITIONS/CHANGES TO OF	DATE EICEDS AND	DIDECTODS IN 12
TITLE	D	DELETE	1. 1 TITLE		D/P/S/T		Change Addition
NAME	LEVIE, NANCY M	<u></u>	1.2 NAME		LEVIE, NANCY M	4	& countries Amounton
STREET ADDRESS	217 N. WESTMONTE DRIVE, 4	# 3025	1.3 STREE	1 ADDRESS	217 N. WESTMONTE DR.	#3025	
CHTY-ST-ZIP	ALTAMONTE SPRINGS FL 327	714	1.4 CiTY-	ST-ZIP	ALTAMONTE SPRINGS, FL		L
TITLE	D	DELETE	2 1 TIFLE				Change Addition
NAME	LEVIE, HOWARD N		2.2 NAME				
STREET ADDRESS	217 N. WESTMONTE DRIVE, 4		2 3 STREE	I ADORESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 327		2 4 CITY -			····	
Trì Li		☐ D€LETE	3. 1 TITLE			Ĺ.	Change Addition
name Stheet address			3.2 NAME				
CHY-ST-ZIP				ET ADURESS			
TITLE		DELE TE	3 4 CITY- 4 1 TITLE	21-21			Change Addition
NAME			4.2 NAME			L.	T amound
STREET ADDRESS				t address			
CITY - ST - ZIP	_		4.4 CITY -				
THILE	***	☐ DELETE	5 1 TITLE				Change 🔲 Addition
NAME			5 2 NAME				
STREET ADDRESS			5 3 STREE	T ADDRESS			
CITY - ST - ZIP			5.4 CITY -	ST-ZIP			
litle		☐ DELETE	6 1 TITLE				Change Addition
NAME OTOLOG ADDOGGO			6.2 NAME				
STREET ADDRESS				T ADDRESS			
011 y - S1 - ZIP 14. T do hereb	y cert fy that the information supplied w	vith this filing is voluntarily furnish	6.4 CITY - ned and doe	e not oue	lify for the exemption stated in Section 110	O7(3)/W Flor	ida Statutos I further
14. I do hereby certify that	The information indicated on this annua	al record or succilemental annual	ned and doe	es not qua	lify for the exemption stated in Section 119 curate and that my signature shall have the	k eama lanal a	Hast on it made under
14. I do hereby certify that oath; that I	The information indicated on this annua	al report or supplemental annua ation or the receiver or trustee e n_an attachment with an addres	ned and doe I report is trempowered s.	es not qua ue and ac to execut	lify for the exemption stated in Section 11S curate and that my signature shall have the e this report as required by Chapter 607, F	k eama lanal a	Hast on it made under
14. I do hereby certify that oath; that I	the information indicated on this annual I am an officer or director of the corpor Block 12 or Block 13 if changed, or or	al report or supplemental annual ration or the receiver or trustee e	ned and doe I report is trempowered s.	es not qua ue and ac to execut	curate and that my eignature chall boue the	e same legal e lorida Statute	Hast on it made under