

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

FILED  
Mar 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000013954 (8)

1. Corporation Name  
LAVIE, INC.

Principal Place of Business  
1876 N. UNIVERSITY DR.  
#201 101 Y  
PLANTATION FL 33324

Mailing Address  
P.O. BOX 16302  
PLANTATION FL 33318



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/14/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0653799	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATE ACCESS, INC. 1118-D THOMASVILLE ROAD TALLAHASSEE FL 32303				10. Name and Address of New Registered Agent	
81	Name	LEVI ICHAK			
82	Street Address (P.O. Box Number is Not Acceptable)	2001 NW 96 TERR, # 10K			
83	City	PEMBROKE PINES FL			
84	Zip Code	33024			

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: LEVI ICHAK PRES (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	LEVI, ICHAK	1.2 NAME	LEVI ICHAK
STREET ADDRESS	10135 W SUNRISE BLVD #103	1.3 STREET ADDRESS	2001 NW 96 TER, 10K
CITY-ST-ZIP	PLANTATION FL 33322	1.4 CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	V	2.1 TITLE	V
NAME	ZSABO, DIANA	2.2 NAME	ZSABO, DIANA
STREET ADDRESS	10135 W SUNRISE BLVD #103	2.3 STREET ADDRESS	2001 NW 96 TER, 10K
CITY-ST-ZIP	PLANTATION FL 33322	2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: LEVI ICHAK PRES 3/15/98

CR2E034 (10/97)