

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

**FILED**

**Apr 14 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P96000021284 (0)**

1. Corporation Name  
**GRUMER & LEVIN, P.A.**



Principal Place of Business  
**710 CONCHSHELL WAY  
PLANTATION FL 33324**

Mailing Address  
**710 CONCHSHELL WAY  
PLANTATION FL 33324-2910**

3. Date Incorporated or Qualified **03/07/1996**      3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21 <b>1 E. Broward Blvd</b>	26 <b>1 E Broward Blvd</b>
22 <b>Suite 1705</b>	27 <b>Suite 1705</b>
23 <b>Ft Lauderdale FL</b>	28 <b>Ft Lauderdale FL</b>
24 <b>33301</b> 25 <b>USA</b>	29 <b>33301</b> 30 <b>USA</b>

4. FEI Number **65-0650926**      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  
**LEVIN, MICHAEL D  
710 CONCHSHELL WAY  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	<b>Michael Levin</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1 E. Broward Blvd</b>
83	<b>Suite 1705</b>
84 City	<b>Ft Lauderdale FL</b>
85 Zip Code	<b>33324</b>

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 **Michael Levin**      DATE **4-9-97**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GRUMER, KEITH</b>	
STREET ADDRESS	<b>2482 EAGLEWATCH COURT</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33327</b>	
TITLE	<b>VSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVIN, MICHAEL</b>	
STREET ADDRESS	<b>710 CONCHSHELL WAY</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: **Michael Levin, VP**      DATE **4-9-97**      DAYTIME PHONE # **954 713 2700**

CR2E034 (9/96)