

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 29 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P 960000 21284
 1. Corporation Name

Gruener & Levin, PA.

Principal Place of Business: One E. Broward Blvd Suite 1705 Ft., Laud, FL 33301

Mailing Address: Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:
 21 One E. Broward Blvd
 22 Suite, Apt. #, etc: 1705
 23 City & State: Ft. Laud FL
 24 Zip: 33301 25 Country: USA

2a. Mailing Address:
 26 One E. Broward Blvd
 27 Suite, Apt. #, etc: 1705
 28 City & State: Ft. Laud
 29 Zip: 33301 30 Country: USA

3. Date Incorporated or Qualified: 3-7-96

4. FEI Number: 65-065 0926 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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent:
 Michael Levin
 One E. Broward Blvd, Ste 1705
 Ft. Laud, FL 33301

10. Name and Address of New Registered Agent:
 81 Name:
 82 Street Address (P.O. Box Number is Not Acceptable):
 83:
 84 City: FL 85 Zip Code:

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: *[Signature]* Michael Levin 9-22-98

(NOTE: If a new Agent has substituted, please print name and address.)

12. OFFICERS AND DIRECTORS

TITLE	RD	<input type="checkbox"/> DELETE
NAME	Keith Gruener	
STREET ADDRESS	One E Broward Blvd #1705	
CITY, ST, ZIP	Ft. Laud, FL 33301	
TITLE	VP, S, T, D	<input type="checkbox"/> DELETE
NAME	Michael Levin	
STREET ADDRESS	One E Broward Blvd #1705	
CITY, ST, ZIP	Ft. Laud, FL 33301	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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 -09/30/98--01080--032
 ***150.00

[Signature] 9/29/98

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included 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 this 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) on my filing with this address.

SIGNATURE: *[Signature]* Michael Levin 9-22-98 954 7122-200

CR2E034 (5/98)

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GRUMER & LEVIN, P.A.
ATTORNEYS AT LAW
ONE EAST BROWARD BOULEVARD
SUITE 1705
FORT LAUDERDALE, FLORIDA 33301
BROWARD (954) 713-2700
DADE (305) 682-8225
TELEFAX (954) 713-2713

KEITH T. GRUMER
MICHAEL D. LEVIN
ROWENA D. REICH

AVENTURA OFFICE
BY APPOINTMENT:
20801 BISCAYNE BOULEVARD
SUITE 420
AVENTURA, FLORIDA 33180

September 22, 1998

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Grumer & Levin, P.A., Document No. P96000021284

Dear Sir or Madam:

Enclosed please find my firm check in the amount of \$150 representing the Annual Report fee for the above corporation. Please be advised that I never received the first notification for the filing fee.

Thank you for your cooperation in this matter.

Sincerely,



Michael D. Levin

MDL/gum
Encl.