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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P96000085299 (1)

NEW LEVEL INC

Mailing Address

2a. Mailing Address

Principal Place of Business 3426 NW FEDERAL HIGHWAY JENSON BEACH FL 34957

2. Principal Place of Business

3426 NW FEDERAL HIGHWAY JENSON BEACH FL 34957 FILED
Jan 28 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/16/1996

Applied For

4. FEI Number

21		26	7 448	₩.	્ પ	151	65-0700128		No	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #	, etc.			5. Certificate of Status Desire	d Æ	\$8.75	Additional
22		27			_		5. Certificate of Status Desire	· A	Fee Re	equired
City & Stat	e		City & State	2 11		= (6. Election Campaign Financi	ng	\$5.00	May Be
23		28	Lauch	Chill			Trust Fund Contribution		Added	
Zip	Country		Zip		Coun	' '	8. This corporation owes or h	as paid the cu	rrent year Int	angible
24	25	29	33319	<u>1</u> :	30 5	oward	Personal Property Tax due] No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent										
MOHAJERPOUR, SIMA 7498 NW 49 STREET 81 Name SIMA MOHAZER POUR										ł
7498 NW 49 STREET					1	2 Street Add	dress (P.O. Box Number is Not Acc	entable)	ν ις	
LAUDERHILL FL 33319					Ľ	749		1		
						3		•		
84 City , # 1 1 85 Zip Code										
				1	" City L	auchhill	FL		^{Jode} 3 ২ \ প	
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	= in Value	J.				ATEC POI		1-14-		
SIGNATURE	Signature, typed or printed name of registarud a smit	and litte	# applicable.	(NOTE.	Registered /	gent signature requ	ulred when reinstating)	DATE	.,,,,	
12.	OFFICERS AND	DIREC	TORS		13.		ADDITIONS/CHANGES TO C	OFFICERS AND	DIRECTOR	\$ IN 12
TITLE	Р		☐ DE	LETE	1.1 TITU				Change	Addition
NAME	MOHAJERPOUR, SIMA				1.2 NAM	E				
STREET ADDRESS	7498 NW 49 ST.				1.3 STRE	ET ADDRESS				
CITY - ST - ZIP	LAUDERHILL FL				1.4 CITY	- S7 - 71P				
TITLE			☐ DE	LETE	2.1 TITL				Change	Addition
NAME !			_		22 NAM	1				
STREET ADORESS						ET ADDRESS				
CITY-ST-ZIP					•	-ST-ZIP				
TITLE			□ DE	I FTF	3.1 TITL				Change	Addition
NAME.					3.2 NAM	1			E-1 cuerde	
STREET ADDRESS						ET ADDRESS				
CITY-ST-ZIP TITLE			☐ DE	I ETE		-ST-ZIP			Change	Addition
			- UE	LLIE	4.1 TITLE				Change	Addition
NAME					4, 2 NAM	_				
STREET ADORESS						ET ADDRESS				1
CITY - ST - ZIP			C 55	T.CTC	4.4 CITY					
TITLE			☐ DE	LEIE	5.1 TETLE					Addition
NAME					5.2 NAM	<u> </u>				1
STREET ADDRESS					5.3 STRE	et address				1
CITY-ST-ZIP					5.4 CITY	ST - ZIP				
TITLE			☐ DE	LETE	6.1 TITLE				Change	Addition
NAME					6.2 NAM	.				
STREET ADDRESS					6.3 STRE	ET ADDRESS				
CITY-ST-ZIP					6.4 CITY	ST-ZIP				
## I hereby c	ertify that the information supplied with	thic fil	ing does not	qualify for			Section 110 07(2)(i) Florida Statut	on I further on	rtife, that the	information

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 suppliemental 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: < WILLIAM URE REQUIRED

1-14-98

3R2E034 (10/97)