

DOCUMENT # P97000017560			
1. Entity Name ABRAM LEWKOWICZ REALTY, INC.			
Principal Place of Business 437 GOLDEN ISLES DRIVE SUITE 16E HALLANDALE FL 33009 US		Mailing Address 437 GOLDEN ISLES DR. #16 HALLANDALE FL 33009-7582 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
PERLMAN, MARK 1820 EAST HALLANDALE BEACH BLVD. HALLANDALE FL 33009			Name
			Street Address (R)
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWKOWICZ, ABRAM 437 GOLDEN ISLES DRIVE HALLANDALE FL 33009 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
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12.			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607(b)(1) of the Florida Statutes because the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same effect as the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

3/18/00 (954) 458-3414