

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

FILED

**Apr 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

DOCUMENT # P97000045743 (6)
1. Corporation Name
BRIAN J. LEVY, INC.



Principal Place of Business: **532 BIRD SONG COURT LONGWOOD FL 32779**
Mailing Address: **532 BIRD SONG COURT LONGWOOD FL 32779**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	3131 CLINT MOORE RD.	26	PO BOX 812202	05/21/1997	
Suite, Apt. #, etc. APT. # 202		Suite, Apt. #, etc.		4. FEI Number	Applied For
City & State BOCA RATON, FL		City & State BOCA RATON, FL		59-3449897	Not Applicable
23	Zip 33496	24	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	Country	27	Country	<input type="checkbox"/>	
28	Zip 33481-2202	29	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
30	Country	30	Country	<input type="checkbox"/>	
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LEVY, BRIAN J 532 BIRD SONG COURT LONGWOOD FL 32779				81 Name	LEVY, BRIAN J.
				82 Street Address (P.O. Box Number is Not Acceptable)	3131 CLINT MOORE RD.
				83	APT. #202
				84 City	BOCA RATON FL
				85 Zip Code	33496

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	BRIAN J. LEVY
STREET ADDRESS		1.3 STREET ADDRESS	3131 CLINT MOORE RD, APT. #202
CITY-ST-ZIP		1.4 CITY-ST-ZIP	BOCA RATON - FL - 33496
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Brian Levy* **BRIAN J LEVY** *4/30/98*

CR2E034 (10/97)