

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90028 004 ***150.00

DOCUMENT # **P97000062444** ✓

1. Corporation Name

LEBOWITZ AND ASSOCIATES INC.



Principal Place of Business

**22564 LANYARD STREET
BOCA RATON FL 33428**

Mailing Address

**22564 LANYARD STREET
BOCA RATON FL 33428**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1997

4. FEI Number

65-0776799

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 the current year
Intangible Personal Property.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEBOWITZ, NORMA
22564 LANYARD STREET
BOCA RATON FL 33428**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **LEBOWITZ, HERBERT W**
STREET ADDRESS **22564 LANYARD STREET**
CITY-ST-ZIP **BOCA RATON FL 33428**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VPTS** ☐ DELETE
NAME **LEBOWITZ, NORMA**
STREET ADDRESS **22564 LANYARD STREET**
CITY-ST-ZIP **BOCA RATON FL 33428**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **LEBOWITZ, NORMA**
STREET ADDRESS **22564 LANYARD STREET**
CITY-ST-ZIP **BOCA RATON FL 33428**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: **HERBERT W. LEBOWITZ**

Date

Daytime Phone #

7/16/99

561-852-8373

CR2E034 (5/99)

0073345

59617-700287
P97000062444

Daniel J. Weinberg, C.P.A.

Daniel J. Weinberg
Certified Public Accountant

Member:

American Institute of CPA's
New York State Society of CPA's
Florida Institute of CPA's

July 16, 1999

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Lebowitz and Associates, Inc.
Document #: P97000062444
EIN: 65-0776799

To Whom It May Concern:

As the accountant for the above referenced Corporation, we do hereby request an abatement of the penalty.

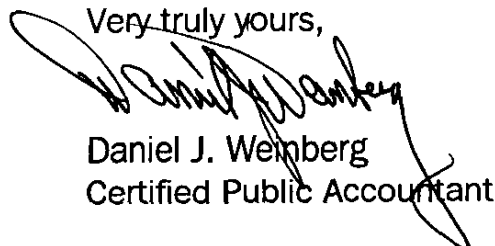
Our client mailed in the "original" Annual Report form along with a check (#249) for \$150.00 on April 7, 1999.

Upon receiving the "2nd Notice" form your office our client then reviewed their bank statements and canceled checks and discovered that this check had not cleared their account.

Enclosed is the signed "2nd Notice" Annual Report and a replacement check for \$150.00.

Thank you for your attention in this matter. If you have any questions or require any additional information, please do not hesitate to contact me.

Very truly yours,



Daniel J. Weinberg
Certified Public Accountant

DJW/he

cc: Norma Lebowitz

:lebowitz.99.ann.rep.wpd:

4401 W. Hillsboro Blvd., Coconut Creek, FL 33073 • Tel.: (954) 428-8899 • Fax: (954) 428-6699