

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90141 044 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P97000085023

1. Corporation Name
EDWARD W. LEVINE & ASSOCIATES, P.A.

Principal Place of Business
**7643 SW 102 PLACE
 MIAMI FL 33173**

Mailing Address
**7643 SW 102 PLACE
 MIAMI FL 33173**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/01/1997

4. FEI Number **65-0791865** 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 Tax. Yes No

2. Principal Place of Business
21 9200 S. Dadeland Blvd

2a. Mailing Address
26 9200 S. Dadeland Blvd

Suite, Apt. #, etc.
22 Suite 412

Suite, Apt. #, etc.
27 Suite 412

City & State
23 Miami, FL

City & State
28 Miami, FL

Zip Country
24 33156 25

Zip Country
29 33156 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEVINE, EDWARD W
 7643 SW 102 PLACE
 MIAMI FL 33173**

81 Name **Edward W Levine**
 82 Street Address (P.O. Box Number is Not Acceptable) **9200 S. Dadeland Blvd**
 83 **Suite 412**
 84 City **miami** **FL** 85 Zip Code **33156**

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 **Edward W. Levine**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/11/99**

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PSTD	<input type="checkbox"/>
NAME	LEVINE, EDWARD W	
STREET ADDRESS	7643 SW 102 PLACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS	9200 S. Dadeland Blvd		
1.4 CITY-ST-ZIP	MIAMI, FL 33156		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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, with all other like empowered.

SIGNATURE: **Edward W. Levine**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99
 Date

305 670 0030
 Daytime Phone #

CR2E034 (11/98)