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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90033 002 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000096623

1. Corporation Name

ANN T. LEVENE, P.A.

Principal Place of Business

358 KNOTTYWOOD LANE
WELLINGTON FL 33414

Mailing Address

358 KNOTTYWOOD LANE
WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1997

4. FEI Number

65-0798197

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 14733 Morgan Close

Suite, Apt. #, etc.

22 City & State

23 Wellington, FL

24 Zip Country

25 33414

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28 Wellington, FL

29 Zip Country

30 33414

9. Name and Address of Current Registered Agent

LEVENE, ANN T
358 KNOTTYWOOD LANE
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name

Levene, Ann T.

82 Street Address (P.O. Box Number is Not Acceptable)

14733 Morgan Close

83

84 City

Wellington,

FL

85 Zip Code

33414

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

TITLE DP ☐ DELETE

NAME LEVENE, ANN T
STREET ADDRESS 358 KNOTTYWOOD LANE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE DV ☐ DELETE

NAME LEVENE, RICHARD S
STREET ADDRESS 358 KNOTTYWOOD LANE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME Levene, Ann T.
1.3 STREET ADDRESS 14733 Morgan Close
1.4 CITY-ST-ZIP Wellington, FL 33414

2.1 TITLE DV ☒ Change ☐ Addition

2.2 NAME Levene, Richard S.
2.3 STREET ADDRESS 14733 Morgan Close
2.4 CITY-ST-ZIP Wellington, FL 33414

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/99

Date

Daytime Phone #

CR2E034 (11/98)