**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000058971

Principal Place of Business  Malling Address  \$340 BUCKHEAD CIR  BOCA RATON FL 33496  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  07/02/1938  2. Principal Place of Business 3. Date Incorporated or Qualified  07/02/1938  2. Principal Place of Business 3. Date Incorporated or Qualified  07/02/1938  2. Principal Place of Business 3. Date Incorporated or Qualified  07/02/1938  3. Date Incorporated or Qualified  07/02/1938  3. Date Incorporated or Qualified  07/02/1938  4. FEI Number  8. Certificate of Status Desired  Fee Required  Fee Required  Fee Required  Fee Required  Fee Required  2. City & State 2. County 2. City & State 2. County 2. Coperty 2. Coperty 2. Coperty 3. Date Incorporation owns the current year Intangible 2. Personal Property Tax.  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  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 of office or registered agent, or both, in the State of Episides Succi change was authorized by the corporation submits this statement for the purpose of changing its registered of feed of rectors. Thereby accept the appointment as registered  3. Date Incorporation of Statutes  5. Certificate of Status Desired  5. Certificate	A.S. LEV	IN ENTERPRIZES INC.						
BOCA RATON FL 33486  BOCA RATON FL 33486  BOCA RATON FL 33486  DO NOT WRITE IN THIS SPACE  3. Data Incorporated or Qualifed 07/02/1998  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Data Incorporated or Qualifed 07/02/1998  4. FEI Njumber  Suite, Apt. #, etc. 2. S. Certificate of Status Desired  \$8.75 Additional  Suite, Apt. #, etc. 2. City. A State. 2. City. A State. 2. City. A State. 2. City. A State. 2. County 2. Suite, Apt. #, etc. 2. City. A State. 2. City. A State. 2. County 3. County 4. FEI Njumber 4. FEI Njumber 5. Certificate of Status Desired  \$8.75 Additional  Trust Fund Contribution  Added to Fees Added to Fees Added to Fees 4. Fish corporation owes the current year Intamplible Personal Property Tax.  1. 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  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  12. OFFICERS AND DIRECTORS  13. Data Incorporation of County 4. FEI Njumber  14. FEI Njumber 15. Certificate of Status Desired  \$5.00. May 9e Added to Fees Add	Principal Place	of Business	Mailing Address			1 (Cation) the think must enter ente		Bitt råder trat rad.
2. Principal Place of Business 2. 2a. Mailing Address 2. 5. 4. FEI Number 6. 6. 5. 4. FEI Number 6. 6. 5. 6. 6. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	out pooling and					DO NOT WRITE	N THIS SPACE	
2. Principal Place of Business 21. 5340 BVCK hoth 22. 5340 BVCK hoth 23. 5340 BVCK hoth 24. 5340 BVCK hoth 25. 5340 BVCK hoth 26. 5340 BVCK hoth 27. 5. Certificate of Status Desired   \$8.75 Additional Fee Required Fee Required Pees Added to Fees Peedured 28. City & State 29. 21. 5. Certificate of Status Desired   \$8.75 Additional Fee Required Pees Added to Fees Peedured 29. City & State 20. County FL	ļ					3. Date Incorporated or Qualified		
22   5340 BVC   Not Applicable   Suite, Apt. #, etc.   S. Certificate of Status Desired   \$8.75 Additional Fee Required   F						07/02/1998		
Suite, Apt. #, etc.  Suite, Ap	2. Principal Pl	ace of Business		1 -		4. FEI Number		
Signature of Status Desired   Fee Required    27   City & State   Country   Count	21 5340	Buckhead Cit	25 5340 Bucky	ad C	315	65-0010		
City & State O Co. Country FL 28 BC o Ad TM FL 28 BC o Ad TM FL Trust Fund Contribution Added to Fees  Zip Country	_	V, etc.	L			5. Certificate of Status Desired	, , ,	
Zip 37 48 6 25 AMPCICA 29 748 6 30 AMPCICA 29 AMPCICA	City 9 Ctots	2-0-1-0-51			<u> </u>			
24 37 4 8 6 25 AMMESTICA 29 3 4 8 6 30 AMMESTICA 29 3 4 8 6 30 AMMESTICA 29 3 4 8 6 25 AMMESTICA 29 3 4 8 6 2 5 AMMESTICA 29 3 4 8 6 2 5 AMMESTICA 29	23 (	soca ica tor ite.			<u></u>			ad to Fees
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  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  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  1.1 TITLE  Change  Addition  Change  Addition	⊢- <i>1</i> ~	86 25 AMERICA	29 37486 30	~ ` / / ·	renca	Personal Property Tax.	☐ Yes	IE No
LEVIN, STEVE 708 S. FEDERAL HWY. APT.69 DEERFIELD FL 33441  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, am familiar with, and accept the obligations of, Section 607.0505; Florida Statutes.  SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Repostered Agent signature required when renatating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE  DELETE  1.1 TITLE  Addition  Change Addition  Change Addition	<del>,,,,,,,,,,</del>		Registered Agent			10. Name and Address of New Reg	istered Agent	
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; Floridar Statutes.  SIGNATURE  SIGNATURE  Signature, hyped or printed name of registered spent and the If applicable. [NOTE: Registered Agent signature required when revestating)  DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZP  TITLE  Change  Addition	708	S. FEDERAL HWY. APT.69		83		ress (P.O. Box Number is Not Acceptable	[85] 7	Tip Code
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  OFFICERS AND DIRECTORS IN 12  L1 TITLE  1.1 TITLE  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZP  TITLE  OCANGE  Change  Addition	office or re	egistered agent, or both, in the State of in familiar with, and accept the obligation	_Honda, Such change was auri ins of, Section 607.0505; Florida	a Statutes.	ne corporate	orra dobra or arroady, , morely accept	pose of changing e appointment as	its registered registered
TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  1.1 TITLE  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZP  TITLE  Change  Addition			The state of the s		· · · · · · · · · · · · · · · · · · ·			
TITLE   Change   Addition	TITLE NAME STREET ADDRESS		DELETE	1.2 NAME 1.3 STREET			Chang	ge [] Addition
NAME   LISVINA SIC VICA AND AND AND AND AND AND AND AND AND AN		LEVIN, Stev					☐ Chang	ge Addition
STREET ADDRESS 708 5 f deral hwy #64, 23 STREET ADDRESS	STREET ADDRESS	ESS 708 5. federal hwy. #69, 2		23 STREET	ADDRESS			
CONVEY 700 TO 12 10 C 1 1 3344 / 24 CTY-ST-ZP		DEERFIELD,	=L. 33441_		-2IP		Chang	ge Addition

6.4 C/TY-ST-ZIP CITY-ST-ZIP 14. 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 occurate and that my signature shall have the same legal effect as if made under cath; 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 attach pright with an address with all other like empowered.

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4.2 NAME

51 TITLE

52 NAME

AITHE

6.2 NAME

☐ DELETE

☐ DELETE

☐ DELETE

34. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

MANE

TITLE

NAME

Change

Change

Change

☐ Addition

☐ Addition

Addition

May 06, 1999 8:00 am Secretary of State

05-06-1999 90252 010 \*\*\*150.00

CR2E034