## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	1996	DIVISION OF C	ORPORATIONS		
DOCU 1. Corporation	MENT # S1264	10 (6)			
SCO.	tt Levin Jeweler, Inc.				
Principal Place	e of Business	Mailing Address		!	
		2814 N 34 AVENUE			
#11 HOLLYWOOD FL 33021		#11 HOLLYWOOD FL 33021			
				3. Date Incorporated or Qualified 11/09/1990	3a. Date of Last Report 03/03/1995
2. Principal Pl	lace of Business	2a. Mailing Address 26		4, FEI Number 65-0227400	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	Not Applicable  \$8.75 Additional
City & State	ρ	City & State	<del></del>		Fee Required
[23]		28		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zιρ	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,
24	9. Name and Address of Curren	29 [: t Registered Agent	30	Florida Statutes Yes  10. Name and Address of New R	No
			81 Name	IO. TRAINS AND AUDIESS OF ITOM IT	ogistered Agent
LEVIN, SCOTT			B2 Street Addre	ess (P.O. Box Number is Not Acceptable	le)
2814 N 34 AVENUE			83		-,
#11 HOLLYWOOD FL 33021			63	·	
			84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502 ed agent, or both, in the State of Florio	and 607.1508, Florida Statutes,	the above-named corpora	ation submits this statement for the purp	<del>- 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 </del>
familiar wi	In, and accept the obligations of, Section	on 607.0505, Florida Statutes.	by the corporation's board	or directors, i hereby accept the appo	ontment as registered agent. I am
SIGNATURE	Signature, typed or printed name of registered agent a	and little if applicable. (NOTE)	Registered Agent signature required	when reinstalion)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITE	D LEAN COAT	☐ DEFEIE	1. 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	LEVIN, SCOTT 2814 N 34 AVENUE #11		1.2 NAME		
C-1Y-S1-ZiP	HOLLYWOOD FL		1.3 STREET ADDRESS		
THE	D	DELETE	1.4 CHTY-ST-ZIP 2.1 TITLE		Change Addition
NAMi	LEVIN, PAULA		2 2 NAME		
STREET ADDRESS	2814 N 34 AVENUE #11		2 3 STREET ADDRESS		
CITY ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP		
TITLE NAME		☐ DELETE	3. 1 TITLE		Change Addition
STREET ADDRESS			3.2 NAME		
CITY - ST - ZIP			33 STREET ADDRESS 3.4 CITY - ST - ZIP		
THILE		DELETE	4 1 TITLE	, p. ,	Change Addition
NAME:			4.2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CHY-SI-ZIP		Driete	4.4 CiTY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TIT_E		DELETE	6 1 TITLE		Change Addition
NAME			6 2 NAME		- · <b>-</b>
STHEET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	y codify that the information currelied u	Ot. About Allins in all 1997	6.4 CITY - ST - ZIP	Alternative Property Control of the	

I do heroby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #