

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S19943** (7)
1. Corporation Name
LEVY REALTY ADVISORS INC.



Principal Place of Business: **5353 N. FEDERAL HWY., SUITE 303 FT LAUDERDALE FL 33308**
Mailing Address: **5353 N. FEDERAL HWY., SUITE 303 FT LAUDERDALE FL 33308**

2. Principal Place of Business: [21] Suite, Apt. #, etc. [22] City & State [23] Zip [24] Country [25]
2a. Mailing Address: [26] Suite, Apt. #, etc. [27] City & State [28] Zip [29] Country [30]

3. Date Incorporated or Qualified: **12/20/1990**
3a. Date of Last Report: **05/23/1995**
4. FEI Number: **65-0232578** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

**LEVY, ALAN M.
5353 N. FEDERAL HIGHWAY
SUITE 303
FT LAUDERDALE FL 33306**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 City
85 Zip Code: **FL**

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *Alan M. Levy*
Signature for each block of registered agents, the first only

(Date Registered Agent Accepted Appointment): **4/5/96**

12. OFFICERS AND DIRECTORS
1. TITLE: **D** [] DELETE
2. NAME: **LEVY, ALAN M.**
3. STREET ADDRESS: **9173 OLD PINE RD**
4. CITY-ST-ZIP: **BOCA RATON FL**
5. TITLE: **PST** [] DELETE
6. NAME: **LEVY, ALAN, M**
7. STREET ADDRESS: **9173 OLD PINE RD**
8. CITY-ST-ZIP: **BOCA RATON FL**
9. TITLE: [] DELETE
10. NAME: [] DELETE
11. STREET ADDRESS: [] DELETE
12. CITY-ST-ZIP: [] DELETE
13. TITLE: [] DELETE
14. NAME: [] DELETE
15. STREET ADDRESS: [] DELETE
16. CITY-ST-ZIP: [] DELETE
17. TITLE: [] DELETE
18. NAME: [] DELETE
19. STREET ADDRESS: [] DELETE
20. CITY-ST-ZIP: [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: [] Change [] Addition
2. NAME: [] Change [] Addition
3. STREET ADDRESS: [] Change [] Addition
4. CITY-ST-ZIP: [] Change [] Addition
5. TITLE: [] Change [] Addition
6. NAME: [] Change [] Addition
7. STREET ADDRESS: [] Change [] Addition
8. CITY-ST-ZIP: [] Change [] Addition
9. TITLE: [] Change [] Addition
10. NAME: [] Change [] Addition
11. STREET ADDRESS: [] Change [] Addition
12. CITY-ST-ZIP: [] Change [] Addition
13. TITLE: [] Change [] Addition
14. NAME: [] Change [] Addition
15. STREET ADDRESS: [] Change [] Addition
16. CITY-ST-ZIP: [] Change [] Addition
17. TITLE: [] Change [] Addition
18. NAME: [] Change [] Addition
19. STREET ADDRESS: [] Change [] Addition
20. CITY-ST-ZIP: [] Change [] Addition

14. I do hereby 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 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 to this address.

SIGNATURE: *Alan M. Levy* Alan M. Levy 3/29/96 954 791-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)