

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S67521 (2)**

1. Corporation Name: **1515, INC.**



Principal Place of Business <b>2338 IMMOKALEE RD NAPLES FL 33942</b>	Mailing Address <b>2338 IMMOKALEE RD NAPLES FL 33942</b>
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2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>07/17/1991</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>65-0272409</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CHERNOFF, HOLLY B.  
849 7TH AVE S  
SUITE 200  
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name  
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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
(Signature typed for printed name of registered agent and title, if applicable. (b)(3)(B) Registered Agent signature required when constituting.) (b)(3)(C)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE	NAME <b>LEVIN, JONATHAN D.</b>
STREET ADDRESS	<b>609 POMPANO DR.</b>		<b>119 Wickliffe</b>
CITY-ST-ZIP	<b>NAPLES FL</b>		

TITLE	D	<input type="checkbox"/> DELETE	NAME <b>LEVIN, JANICE D.</b>
STREET ADDRESS	<b>609 POMPANO DR.</b>		<b>119 Wickliffe -</b>
CITY-ST-ZIP	<b>NAPLES FL</b>		

TITLE		<input type="checkbox"/> DELETE	NAME
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> DELETE	NAME
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> DELETE	NAME
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			

21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			

31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			

41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			

51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			

61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jonathan D. Levin* **7/23/96** **941-591-8448**  
(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Telephone #

CR2E034 (3/96)