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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # \$72258**

<ol> <li>Corporation</li> </ol>	Name									
JOURNE	ys unlimited by Vivian	LEVINS	ON, INC.			ļ.				
Principal Place	of Business	Mail	ing Address					/ (1816 <b>  1816   1816   1816  </b>		
1145 KANE CONCOURSE 1145 KANE CONCOURSE										
BAY HARBOR ISLES FL 33154  BAY HARBOR ISLES FL 33154										
							DO NOT WRITE IN THIS SPACE			
						3.	Date Incorporated or Qualifed 08/02/1991			
2. Principal Place of Business 2a. Mailing Address						- 4	FEI Number		plied For	
<b>—</b>	ace of business	26	Halling / Idaness				65-0275465	1 <del></del>	t Applicable	
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.			···········				\$8.75	Additional		
22 27						Certificate of Status Desired ,	Fee Re	quired		
City & State City & State					6.	Election Campaign Financing	\$5.00	May Be		
23							Trust Fund Contribution Added to Fees			
Zip	Country	7	Zip	Country		8.	This corporation owes the current year			
24	25 29 30			30	Personal Property Tax.				□No	
Name and Address of Current Registered Agent				81	Name	10.	Name and Address of New Register	rea Agent		
1 A7A	IN, DAVID M.			81	Name		:			
1090 KANE COURSE				82	Street Add	dress (F	P.O. Box Number is Not Acceptable)			
SUITE 202				83		-				
BAY HARBOR ISLANDS FL 33154										
				84	City			FL 85 Zip (	Code	
11 Pureuant	to the provisions of Sections 607 05	02 and 60	7 1508. Florida Statute	s, the above	e-named cor	rporatio	n submits this statement for the purpos	se of changing its	registered	
office or re	egistered agent, or both, in the Stat	e of Florida	. Such chaпge was au	ithonzed by	the corporat	tion's bo	oard of directors. I hereby accept the a	ppointment as re-	gistered	
_	m familiar with, and accept the oblig	jations of, a	Section 607.0505, Flori	ida Statutes	•				J	
SIGNATURE	Signature, typed or printed name of registered as	gent and title if a	ipplicable. (NOTE:	Registered Ager	ıt signature requii	ired when r	reinstating) DAT	E		
12.	OFFICERS A	ND DIREC	TORS	13.			ADDITIONS/CHANGES TO OFFICER			
TITLE	D		□ DELETE	1,1 TITLE				☐ Change	☐ Addition	
NAME	LEVINSON, VIVIAN			1.2 NAME						
STREET ADDRESS	1145 KANE CONCOURSE			1.3 STREET	T ADDRESS					
CITY-ST-ZIP	BAY HARBOR ISLAND FL			1.4 CITY-S	T-ZIP		<u></u>		- Addition	
TITLE	D		☐ DELETE	2.1 TITLE				Change	☐ Addition	
NAME	REITER, SHELLY			2.2 NAME			المصميح المحاج مجريا يرا			
STREET ADDRESS	1250 STILLWATER DR				TADORESS				}	
CITY-ST-ZIP				2. 4 CITY-S	ST-ZIP			Change	Addition	
TITLE			☐ DELETE	3.1 TITLE				C. Criange		
NAME				32 NAME						
STREET ADDRESS					TADORESS				ļ	
CITY-ST-ZIP			☐ DELETE	3.4. CITY-S 4.1 TITLE	51-ZIP			Change	Addition	
TITLE				4.2 NAME				<u>_</u>		
NAME					T ADDRESS				1	
STREET ADDRESS				4.4 CITY-S						
CITY-ST-ZIP TITLE			☐ DELETE	5.1 TITLE	-			Change	☐ Addition	
NAME				5.2 NAME	1			· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS				5.3 STREE	TADDRESS					
CITY-ST-ZIP				5.4 CITY-S	T-ZIP					
TITLE	<del></del>		☐ DELETE	6.1 TITLE				Change	☐ Addition	
NAME				6.2 NAME					j	

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 an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS