

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0155622

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90045 024 \*\*\*150.00

DOCUMENT # **S86265**

1. Corporation Name

**NORMAN A. LEVIN ASSOCIATES, INC.**



Principal Place of Business  
529 S DIXIE HWY E  
POMPANO BEACH FL 33060  
US

Mailing Address  
529 S DIXIE HWY E  
POMPANO BEACH FL 33060  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/09/1991**

4. FEI Number

**65-0294890**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 **500 S. DIXIE HWY E**

2a. Mailing Address

26 **500 S. DIXIE HWY E**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

**POMPANO BEACH, FL**

28 City & State

**POMPANO BEACH, FL**

24 Zip

**33060**

25 Country

**FORWARD**

29 Zip

**33060**

30 Country

**FORWARD**

9. Name and Address of Current Registered Agent

LEVIN, PEGGE  
2715 NORTHWEST 115TH TERRACE  
CORAL SPRINGS FL 33065

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 or printed name of registered agent and title if applicable

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **LEVIN, NORMAN A.**  
STREET ADDRESS **2715 N.W. 115TH TERRACE**  
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **D** ☐ DELETE  
NAME **LEVIN, PEGGE**  
STREET ADDRESS **2715 N.W. 115TH TERRACE**  
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 on an attachment with an address, with a letter like empowered.

SIGNATURE:

*Norman A. Levin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/23/99* *(954) 782-4477*  
Date Daytime Phone #

CR2E034 (11/98)