

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

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V29326 (8)**

1. Corporation Name  
**LEVEY & MARTUS, P.A.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>100 SE SECOND STREET                  SUITE 1250                  MIAMI FL 33131                  US</b>	Mailing Address <b>100 SE SECOND STREET                  SUITE 1250                  MIAMI FL 33131                  US</b>
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3. Date Incorporated or Qualified <b>04/17/1992</b>	
4. FEI Number <b>65-0327469</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21 2665 SOUTH BAYSHORE DR</b> Suite, Apt. #, etc. <b>22 SUITE 1004</b> City & State <b>23 COCONUT GROVE FL</b> Zip <b>24 33133</b>	2a. Mailing Address <b>26 2665 SOUTH BAYSHORE DR</b> Suite, Apt. #, etc. <b>27 SUITE 1004</b> City & State <b>28 COCONUT GROVE FL</b> Zip <b>29 33133</b>	Country <b>25 USA</b>	Country <b>30 US</b>
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9. Name and Address of Current Registered Agent <b>LEVEY, JEFFREY E                  100 SE SECOND STREET                  SUITE 1250                  MIAMI FL 33131</b>	10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P. O. Box Number is Not Acceptable)</b> <b>2665 SOUTH BAYSHORE DRIVE</b> <b>83 SUITE 1004</b> <b>84 City</b> <b>COCONUT GROVE</b> <b>FL</b> <b>85 Zip Code</b> <b>33133</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	NAME <b>MARTUS, JAY A.</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4651 SHERIDAN STREET, SUITE 400</b>	CITY-ST-ZIP <b>HOLLYWOOD FL</b>	1.2 NAME	
TITLE <b>DVST</b>	NAME <b>LEVEY, JEFFREY E.</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>100 SE 2ND STREET, SUITE 1250</b>	CITY-ST-ZIP <b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	2.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS <b>2665 SOUTH BAYSHORE DR, SUITE 1004</b>	
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP <b>COCONUT GROVE FL 33133</b>	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE *Levey & Martus PA* DATE *4/16/98*

CR2E034 (10/97)