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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V49809**

(9)

1. Corporation Name

**BURTON R. LEVEY, P.A.**



Principal Place of Business

Mailing Address

**9130 S. DADELAND BLVD.  
TWO DATRAN CENTER, SUITE 1619  
MIAMI FL 33156**

**9130 S. DADELAND BLVD.  
TWO DATRAN CENTER, SUITE 1619  
MIAMI FL 33156**

3. Date Incorporated or Qualified

**07/10/1992**

3a. Date of Last Report

**08/02/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEVEY, BURTON R.  
9130 S. DADELAND BLVD.  
TWO DATRAN CENTER, STE. 1619  
MIAMI FL 33156**

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 of agent or principal name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **D  
LEVEY, BURTON R.**  
STREET ADDRESS **9130 S. DADELAND BLVD.**  
CITY-ST-ZIP **MIAMI FL**

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS

22 NAME  
23 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

24 CITY-ST-ZIP ☐ Change ☐ Addition

NAME  
STREET ADDRESS

32 NAME  
33 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

34 CITY-ST-ZIP ☐ Change ☐ Addition

NAME  
STREET ADDRESS

42 NAME  
43 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

44 CITY-ST-ZIP ☐ Change ☐ Addition

NAME  
STREET ADDRESS

52 NAME  
53 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

54 CITY-ST-ZIP ☐ Change ☐ Addition

NAME  
STREET ADDRESS

62 NAME  
63 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

64 CITY-ST-ZIP ☐ Change ☐ Addition

NAME  
STREET ADDRESS

62 NAME  
63 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

64 CITY-ST-ZIP ☐ Change ☐ Addition

NAME  
STREET ADDRESS

62 NAME  
63 STREET ADDRESS

CITY-ST-ZIP ☐ DELETE

64 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 with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Prever* 2/26/96 305 670 6667  
Daytime Phone #

CR2E034 (12/95)