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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90187 029 ***150.00

DOCUMENT # V60301 1. Corporation Name

BARBARA B. LEVIN, P.A.

											
Principal Place of Business Mailing Address											
6348 RAVENWOOD WAY 6348 RAVENWOOD WAY											
SARASOTA FL	34243	SARASOT US	SARASOTA FL 34243				DO NOT WRITE IN THIS SPACE				
US			us				3. Date Ir corporated or Qualifed				
	_						08/26/1992				
2. Principa Pl	ace of Business	2a. Mailir	2a. Mailing Address				4. FEI Number		L	App	lied For
21		26	26				65-0352506			Not Applicable	
Suite, Ant.	#, etc.	 -1	Suite, Apt. #, etc.			5. Certifc ate of Status Desired \$8.75 Additional Fee Recuired					
City & State	<u> </u>		City & State				6. Election Campaign Financing		\$5	.00	lay Be
23		28	28				Trust Fund Contribution		•	ided to	· ·
Zip	Courtry Zip			Coun	try		8. This corporation owes the curre	nt year ni	langible		
24	25	29		30			Persor al Property Tax.	•	∐ Ye:		□No
	9. Name and Address of Curr		Agent	' 			10. Name and Address of New R	egistere d	Agent		
·					31	Name					
	n, Barbara B.			-	32	Chan at Ailala	and (D.O. Bay Number in Not Assente	nia)			
6348	RAVENWOOD WAY					Street Addr	ress (P.O. Bo). Number is Not Accepta	ole)			
SAR	ASOTA FL 34243										
					34	City		FL	85	Zip C	_
11. Pursuant	to the provisions of Sections 607.0	502 and 607.150	8, Florida Statut	es, the about	ove	-named corp	oration submits this statement for the pon's board of directors. I hereby accep	ourpose of	changi intment	ng its i	egistered istered
office of n	egistered agent, or both, in the Statem m familiar with, and accept the obli	gations of, Section	on 607.0505, Fig	rida Statut	es.	tie cothoratic	on's board of inectors. Thereby accep	are appo	ii iti ii ii ii	00106	1510100
SIGNATURE		_									1
SIGNATURE	Signature, typed or printed name of registered a	gen and title if applica	ble. (NO E	: Registered A	gent	signature require	d when reinstating	DATE			
12.		AND DIRECTOR		13.			ADDITIONS/CHANGES TO OFF	ICERS A			
TITLE	DPST		☐ DELETE	1,1 TITL	Ε]			☐ Ch	ange	Addition
NAME	LEVIN, BARBARA B.			1.2 NAM	E						İ
STREET ADDR :SS	6348 RAVENWOOD WAY			1.3 STR	EET.	ADDRESS					
CITY-ST-ZIP	SARASOTA FL			1.4 CITY	-51	-ZIP					
TITLE	☐ D€LETÉ				E				Ch	ange	☐ Addition
NAME				22 NAM	E						
STREET ADDRESS				2.3 STR	EET.	ADDRESS					
CITY-ST-ZIP				2.4 CIT	Y- S]	r-ziP					
TITLE			☐ DELETE	31 TITL	E				Ch	ange	Addition
NAME				3.2 NAM	Ε						
STREET ADDFESS				3.3 STR	EET	ADDRESS					1
CITY-ST-ZIP				3.4. CIT	Y- S1	r- <u>ZIP</u>					
TITLE			☐ DELETE	4.1 TITL	E				☐ Ch	ange	Addition
NAME				4. 2 NA	ΛE						
STREET ADDFESS				4.3 STR	EET	ADDRESS					
CITY-ST-ZIP				4.4 CITY	-ST	- ZIP]
?TITLE			☐ DELETE	5.1 TITL					Ch	ange	Addition
NAME	I			5.2 NAM	Œ						
STREET ADDI ESS				5.3 STR	EET	ADDRESS					
ji l				5.4 CITY							1
CITY-ST-ZIP			DELETE	6.1 TITL					□ Ch	ange	☐ Addition
NAME				6.2 NAM		-			-		
(ADDRESS					
STREET ADDITESS				64 CID		ł					1

14. Thereby 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: