

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

**APPROVED
AND
FILED**

1997 OCT -2 AM 2: 57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 218198 (0)

1. Corporation Name
WEATHERPROOFING PRODUCTS CO INC



Principal Place of Business 13199 NW 107TH AVE. HIALEAH GARDENS FL 33016-8149	Mailing Address 13199 NW 107TH AVE. HIALEAH GARDENS FL 33016-1149
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3. Date Incorporated or Qualified 12/13/1958	3a. Date of Last Report 02/07/1996
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2. Principal Place of Business 21 3260 NW 31st Street Suite, Apt. #, etc.	2a. Mailing Address 26 6361 Lake Champlain Terrace Suite, Apt. #, etc.
22 City & State 23 Miami Florida	27 City & State 28 Miami Lakes Florida
24 Zip 33142 Country USA	29 Zip 33014 Country

4. FEI Number 59-0913416	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WEISS, ROWLETTE
13199 NW 107TH AVE
HIALEAH GARDENS FL 33016-8149**

10. Name and Address of New Registered Agent

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 _____ (NOT: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WEISS, LORA	
STREET ADDRESS	6361 LAKE CHAMPLAIN TERR	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	WEISS, ROWLETTE	
STREET ADDRESS	6361 LAKE CHAMPLAIN TERR	
CITY-ST-ZIP	MIAMI LAKES, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	400002312514-5	
2.3 STREET ADDRESS	-10/06/97--01093--006	
2.4 CITY-ST-ZIP	****550.00 ****550.00	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 in an attachment with an address.

CR2E034 (9/96)

Sandra B. Mortham

13199 NW 107th Ave P.O. Box 2147 Hialeah Gardens FL 33016-8149