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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 472788

1. Corporation Name
R. L. WIER & Co.

Principal Place of Business
1432 N. DIXIE HWY
FT. LAUDERDALE, FL
33304

Mailing Address
P.O. BOX 1373
TITUSVILLE, FL
32781-1373

3. Date Incorporated or Qualified: 31 MARCH 1975
3a. Date of Last Report: 24 APRIL 1996

2. Principal Place of Business
21 1432 N. DIXIE HWY
Suite, Apt. #, etc. 22
City & State 23 FT. LAUDERDALE, FL
Zip 24 33304 Country 25 U.S.A.

2a. Mailing Address
26 P. O. BOX 1373
Suite, Apt. #, etc. 27
City & State 28 TITUSVILLE, FL
Zip 29 32781-1373 Country 30 U.S.A.

4. FEI Number: 59-1581613 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CLAIRE CUBBIN, ESQ.
1038 NE 4 AVE SUITE 1
FORT LAUDERDALE, FL
33304-8921

10. Name and Address of New Registered Agent
81 Name: CLAIRE CUBBIN, ESQ
82 Street Address (P.O. Box Number is Not Acceptable): 2101 N. ANDREWS AVE. SUITE 401-402
83
84 City: FORT LAUDERDALE, 85 FL Zip Code: 33311-3940

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 _____ DATE
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT, TREASURER, DIRECTOR RONALD LEE WIER 1432 N. DIXIE HWY FT. LAUDERDALE, FL 33304 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY, VP MARY M. WIER 169 JACKSON ST TITUSVILLE, FL 32780 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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 on an attachment with an address.

SIGNATURE: Ronald L. Wier 26APR97 407 267-0864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RONALD L. WIER PRESIDENT