

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

**FILED**  
**Jun 16 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998 AMENDED**  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F93000000082 (8)**  
 1. Corporation Name  
**WEEKS/MUSGROVE CORPORATION**

Principal Place of Business: **1602 EAST DIXIE DR. ASHEBORO, NC. 27204**  
 Mailing Address: **3155 N.W. 77TH AVENUE MIAMI FL 33067**

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
**12/31/1992**

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

4. FEI Number	Applied For
<b>56-0708016</b>	<input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD.**  
**PLANTATION, FL 33324**

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

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b> <input type="checkbox"/> DELETE
NAME	<b>H. DENNIS EDWARDS</b>
STREET ADDRESS	<b>1602 EAST DIXIE DR.</b>
CITY - ST - ZIP	<b>ASHEBORO, NC 27204</b>
TITLE	<b>VICE-PRESIDENT</b> <input type="checkbox"/> DELETE
NAME	<b>ISMAEL PERERA</b>
STREET ADDRESS	<b>3155 N.W. 77TH AVENUE</b>
CITY - ST - ZIP	<b>MIAMI, FL 33122-1205</b>
TITLE	<b>VP &amp; TREASURER</b> <input type="checkbox"/> DELETE
NAME	<b>EDWIN D JOHNSON</b>
STREET ADDRESS	<b>3155 N.W. 77TH AVENUE</b>
CITY - ST - ZIP	<b>MIAMI, FL. 33122-1205</b>
TITLE	<b>CORP. SECRETARY</b> <input type="checkbox"/> DELETE
NAME	<b>NANCY J DAMON</b>
STREET ADDRESS	<b>3155 N.W. 77 TH AVENUE</b>
CITY - ST - ZIP	<b>MIAMI, FL 33122-1205</b>
TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> DELETE
NAME	<b>CARLOS A. VALDES</b>
STREET ADDRESS	<b>3155 N.W. 77TH AVENUE</b>
CITY - ST - ZIP	<b>MIAMI, FL 33122-1205</b>
TITLE	<b>DIRECTOR</b> <input type="checkbox"/> DELETE
NAME	<b>JORGE MAS</b>
STREET ADDRESS	<b>3155 N.W. 77TH AVENUE</b>
CITY - ST - ZIP	<b>MIAMI, FL 33122-1205</b>

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	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Nancy J Damon* 05/07/1998 (305) 599-1800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)