

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandria B. Methman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H24184** (4)

1. Corporation Name
WEITNAUER AMERICA, INC.



Principal Place of Business: **C/O ROBERT R. HENDRY, 200 EAST ROBINSON STREET, STE 500, ORLANDO FL 32801**
Mailing Address: **C/O ROBERT R. HENDRY, 200 EAST ROBINSON STREET, STE 500, ORLANDO FL 32801**

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

3. Date Incorporated or Qualified	3a. Date of Last Report
10/05/1984	03/21/1995
4. FEIN number	Applied For
59-2456750	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HENDRY, ROBERT R.
200 EAST ROBINSON STREET
SUITE 500
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
81. Name: **FLORIDA CORPORATE SUPPORT, INC.**
82. Street Address (P.O. Box Number is Not Acceptable): **200 EAST ROBINSON STREET**
83. **SUITE 500**
84. City: **ORLANDO** FL 85. Zip Code: **32801**

11. Pursuant to the provisions of Sections 607.0602 and 607.1505, 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 approved by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.1505, Florida Statutes.

SIGNATURE: **FLORIDA CORPORATE SUPPORT, INC. BY: ROBERT R. HENDRY, President** 3/8/96

12. OFFICERS AND DIRECTORS		
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	HENDRY, ROBERT R.	
STREET ADDRESS	200 EAST ROBINSON ST	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STONER, RICHARD D.	
STREET ADDRESS	200 EAST ROBINSON ST	
CITY-STATE-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	SR. V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	APONTE, JOSE	
13 STREET ADDRESS	9649 TRADEPORT DR.	
14 CITY-STATE-ZIP	ORLANDO, FL. 32827	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	BEASLEY, RODNEY	
23 STREET ADDRESS	9649 TRADEPORT DR.	
24 CITY-STATE-ZIP	ORLANDO, FL 32827	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied by 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 registered agent 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 of this report, or as an attached with an address.

SIGNATURE: **Robert R. Hendry** 3/8/96 467 843-5880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)