

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L48725 (0)

1. Corporation Name
WEITZER CHAPEL TRAIL HOMES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
5801 NW 151 STREET SUITE 120 MIAMI LAKES FL 33014 US		P.O BOX 4550 SUITE 120 MIAMI LAKES FL 33014 US	
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
25	Country	30	Country

3. Date Incorporated or Qualified
02/09/1990

4. FEI Number
65-0176482

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

WEITZER, HARRY
5901 NW 151 STREET, SUITE 120
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

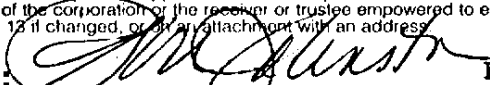
84 City **FL** 85 Zip Code

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 officer 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEITZER, HARRY	1.2 NAME	WEITZER, HARRY
STREET ADDRESS	5901 NW 151 STREET, SUITE 120	1.3 STREET ADDRESS	5901 N.W. 151st STREET, #120
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	KLEINERMAN, PETER
STREET ADDRESS		2.3 STREET ADDRESS	5901 N.W. 151st STREET, #120
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VASD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	SPEIZER, HARRY
STREET ADDRESS		3.3 STREET ADDRESS	5901 N.W. 151st STREET, #120
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	JOHNSTON, PATRICE M.
STREET ADDRESS		4.3 STREET ADDRESS	5901 N.W. 151st STREET, #120
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE:  **PATRICE M. JOHNSTON** 4/6/98 305 819 4663

CP2E034 (10/97)