

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L94745** (1)

1. Corporation Name
WEIR SYSTEM, INC.



Principal Place of Business

4001 FORSYTH ROAD
WINTER PARK FL 32792
US

Mailing Address

312 SANTIAGO DR.
WINTER PARK FL 32789
US

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. 4001 Forsyth Road

22. City & State

27. Winter Park, FL

23. Zip Country

28. 32792 Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

WEIR, WILLIAM C. III
312 SANTIAGO DR.
WINTER PARK FL 32789

3. Date Incorporated or Qualified

08/21/1990

3a. Date of Last Report

03/03/1995

4. FEI Number

59-3026723

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

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 607.0902 and 607.1504, 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 607.0905, Florida Statutes.

SIGNATURE

Signature of the registered agent or the corporation

Signature of the person making the statement

DATE

12. OFFICERS AND DIRECTORS

11. TITLE	P	<input type="checkbox"/> DELETE
12. NAME	WEIR, WILLIAM C. III	
13. STREET ADDRESS	312 SANTIAGO DR.	
14. CITY-STATE-ZIP	WINTER PARK FL	
15. TITLE		<input type="checkbox"/> DELETE
16. NAME		
17. STREET ADDRESS		
18. CITY-STATE-ZIP		
19. TITLE		<input type="checkbox"/> DELETE
20. NAME		
21. STREET ADDRESS		
22. CITY-STATE-ZIP		
23. TITLE		<input type="checkbox"/> DELETE
24. NAME		
25. STREET ADDRESS		
26. CITY-STATE-ZIP		
27. TITLE		<input type="checkbox"/> DELETE
28. NAME		
29. STREET ADDRESS		
30. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
35. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
36. NAME	
37. STREET ADDRESS	
38. CITY-STATE-ZIP	
39. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
40. NAME	
41. STREET ADDRESS	
42. CITY-STATE-ZIP	
43. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
44. NAME	
45. STREET ADDRESS	
46. CITY-STATE-ZIP	
47. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
48. NAME	
49. STREET ADDRESS	
50. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with 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 this 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: *William C. Weir III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-96 407-671-5200
DATE OF FILING

CR2E034 (12/95)