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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L94745 1. Corporation Name

WEIR SYSTEM, INC.

Principal Plac	ce of Business	Mailir	ng Address					1 logiloli ala ibili gigil (BBI) 4	18W1 WIFI WIWII #	1 <b>6</b> 17 <b>6</b> 1811 1	
4001 FORSYTH	ROAD	4001 F	FORSYTH RD								
WINTER PARK	FL 32792		R PARK FL 32792								
US		US					-	DO NOT WRI		SPACE	·
								Date Incorporated or Qualifed 08/21/1990			
2. Principal F	Place of Business	2a. M	ailing Address				4.	. FEI Number			Applied For
21		26						59-3026723			Not Applicable
Suite, Apt.	. #, etc.	27 St	uite, Apt. #, etc.				5.	. Certifcate of Status Desired	TE C		75 Additional e Required
City & Stat	te		ity & State	-			- 6	Election Campaign Financing		\$5	00 May Be
23		28	•				"	Trust Fund Contribution			ded to Fees
Zip	Country	Zip		Cou	ntry		8.	. This corporation owes the curr	rent vear Int		
24	25	29		30	-		"	Personal Property Tax.		☐Yes	□No
-1	9. Name and Address of Cu		ed Agent	14-1			10.	Name and Address of New	Registered	Agent	
	2 AP 4 S	. 3.0			81	Name	_				
	r, william c. III					5:					
312	SANTIAGO DR.			j	82	Street Add	aress (F	P.O. Box Number is Not Accept	able)		
WIN	TER PARK FL 32789			Ì	83				1 7 2	٠.,	* - 17
				ĺ					<u>,                                    </u>		· · · · · · · · · · · · · · · · · · ·
					84	City			EI	85	Zip Code
44 Directiont	to the provisions of Sections 607	0502 and 607	1508 Florida State	itoe the at	201/0-	named cor	Poratio	on cultimite this statement for the	nurnose of	changin	a ite registered
office or r	registered agent, or both, in the S im familiar with, and accept the o	tate of Florida.	Such change was	authorized	by th	he corporal	tion's bo	oard of directors. I hereby acce	pt the appoi	ntment a	s registered
ଧଃ agent. I a	ım familiar with, and accept the ol	bligations of, Se	ection 607.0505, Fi	orida Statu	ıtes.						
SIGNATURE											
	Signature, typed or printed name of registere		dicable. (NO)								
12.		S AND DIDECT			Agent 8	signature requi		reinstating)	DATE AN	O DIDE	OTODO IN 12
TITLE		S AND DIRECT	ORS	13.		signature requi		ADDITIONS/CHANGES TO OF			<del></del>
TITLE	P	S AND DIRECT		13. 1.1 TIT	LE	signature requi				D DIRE	<del></del>
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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)(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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

**FILED** 

Jan 21, 1999 8:00am

**Secretary of State** 01-21-1999 90062 008 \*\*\*158.75

407.671.5200 Davtime Phone #