

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000047525 (8)

1. Corporation Name

WEITZER HOMEBUILDERS INCORPORATED

Principal Place of Business

Mailing Address

4980 S.W. 72ND AVE.
SUITE 401
MIAMI FL 33155

4980 S.W. 72ND AVE.
SUITE 401
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/24/1994** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5901 NW 151 Street

26 5901 NW 151 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste 120

27 Ste 120

City & State

City & State

23 Miami Lakes, FL

28 Miami Lakes, FL

Zip

Country

24 33014

25 USA

Zip

Country

29 33014

30 USA

4. FEI Number

65-0502494

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fees 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEITZER, HARRY
4980 S.W. 72ND AVE.
SUITE 401
MIAMI FL 33155

81 Name

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

5901 NW 151 Street

83

Suite 120

84

City
Miami Lakes

FL

85 Zip Code
33014

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 resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	WEITZER, HARRY
STREET ADDRESS	4980 S.W. 72 AVE., STE-401
CITY - ST - ZIP	MIAMI BEACH FL 33155---
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	5901 NW 151 Street, Ste 120	
14 CITY - ST - ZIP	Miami Lakes, FL 33014	
21 TITLE	V/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	George J. Coren	
23 STREET ADDRESS	5901 NW 151 Street, Ste 120	
24 CITY - ST - ZIP	Miami Lakes, FL 33014	
31 TITLE	V/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Estelle Burnside	
33 STREET ADDRESS	5901 NW 151 Street, Ste 120	
34 CITY - ST - ZIP	Miami Lakes, FL 33014	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - 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 110.07(3)(b), 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:

Estelle Burnside
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Estelle Burnside

4/17/95 (305) 819-4663

Chair Captain/President