

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000047525 (8)**

1. Corporation Name  
**WEITZER HOMEBUILDERS INCORPORATED**



Principal Place of Business: **5901 NW 151 STREET SUITE 120 MIAMI LAKES FL 33014 US**  
Mailing Address: **2901 NW 151 STREET SUITE 120 MIAMI LAKES FL 33014 US**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **06/24/1994**  
3a. Date of Last Report: **04/25/1995**  
4. FCI Number: **65-0502494**  
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

**9. Name and Address of Current Registered Agent**

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

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 607.0002 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 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 OF REGISTERED AGENT

SIGNATURE OF OFFICER OR DIRECTOR

SIGNATURE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>WEITZER, HARRY</b>	
STREET ADDRESS	<b>5901 NW 151 STREET SUITE 120</b>	
CITY, ST, ZIP	<b>MIAMI LAKES FL</b>	
TITLE	<b>VST</b>	<input type="checkbox"/> DELETE
NAME	<b>COREN, GEORGE J</b>	
STREET ADDRESS	<b>5901 NW 151 STREET SUITE 120</b>	
CITY, ST, ZIP	<b>MIAMI LAKES FL</b>	
TITLE	<b>VAS</b>	<input type="checkbox"/> DELETE
NAME	<b>BURNSIDE, ESTELLE</b>	
STREET ADDRESS	<b>5901 NW 151 STREET SUITE 120</b>	
CITY, ST, ZIP	<b>MIAMI LAKES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		<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, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42. NAME	<b>Rice, Howard</b>	
43. STREET ADDRESS	<b>15645 Collins Avenue Suite 606</b>	
44. CITY, ST, ZIP	<b>N. Miami Beach, FL 33160</b>	
51. TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52. NAME	<b>Simkins, Lee</b>	
53. STREET ADDRESS	<b>5200 Blue Lagoon Dr. Suite 425</b>	
54. CITY, ST, ZIP	<b>Miami, FL 33126</b>	
61. TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62. NAME	<b>Rose, Joseph</b>	
63. STREET ADDRESS	<b>7011 Orchard Lake Road Suite 104</b>	
64. CITY, ST, ZIP	<b>West Bloomfield, MI 48322</b>	

14. I do hereby certify that the information given in this filing is voluntary, true, correct and does not qualify for the exemption stated in Section 119.073(6), Florida Statutes. I further certify that the information included in 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 registrar or transfer agent or agent to evaluate the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96 (305) 819-4663

CR2E034 (12/95)