

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

FILED

**Mar 25 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 # 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
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 06/24/1994	
4. FEI Number 65-0502494	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	HELLRING, LARRY
STREET ADDRESS	9875 N.W. 79TH AVENUE
CITY-ST-ZIP	HEALEAH GARDENS FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	FAGGEN, IVAN
STREET ADDRESS	1999 AVENUE OF THE STARS, 15TH FLOOR
CITY-ST-ZIP	LOS ANGELES CA
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	BURNSIDE, WSTELLE
STREET ADDRESS	5901 N.W. 151 STREET, SUITE 120
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	EVP <input type="checkbox"/> DELETE
NAME	KLEINERMAN, PETER
STREET ADDRESS	5901 N.W. 151 STREET, SUITE 120
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	SVP <input type="checkbox"/> DELETE
NAME	SPEIZER, HARRY
STREET ADDRESS	5901 N.W. 151 STREET, SUITE 120
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	AMBROSIO, MICHAEL
STREET ADDRESS	5200 BLUE LAGOON DRIVE, SUITE 425
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WEITZER, HARRY
1.3 STREET ADDRESS	5901 N.W. 151st STREET, #120
1.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROSEWATER, JAMES P.
2.3 STREET ADDRESS	5901 N.W. 151st Street, #120
2.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHNSTON, PATRICE M.
3.3 STREET ADDRESS	5901 N.W. 151st STREET, #120
3.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
4.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DWIER, EDWARD W.
4.3 STREET ADDRESS	5901 N.W. 151st STREET, #120
4.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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-II changed, as an attachment with an address.

SIGNATURE _____ DATE _____

CR2E034 (10/97)