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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000047525

1. Corporation Name

WEITZER HOMEBUILDERS INCORPORATED

Principal Place of Business
 14505 COMMERCE WAY
 #400
 MIAMI LAKES, FL
 33016

Mailing Address
 14505 COMMERCE WAY
 #400
 MIAMI LAKES, FL
 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6/24/94

4. FEI Number

65-0502494

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

25

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEITZER, HARRY
 5901 NW 151ST STREET, #120
 MIAMI LAKES, FL 33014

81 Name
 PATRICE M. JOHNSTON

82 Street Address (P.O. Box Number is Not Acceptable)
 14505 COMMERCE WAY

83 #400

84 City
 MIAMI LAKES

FL

85 Zip Code
 33016

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

PATRICE M. JOHNSTON

4/2/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEITZER, HARRY	1.2 NAME	LITT, ALAN G.
STREET ADDRESS	14505 COMMERCE WAY, #400	1.3 STREET ADDRESS	405 CEDAR LANE
CITY-ST-ZIP	MIAMI LAKES, FL 33016	1.4 CITY-ST-ZIP	TEANECK, NJ 07666
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VTCE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELLRING, LAWRENCE	2.2 NAME	RICE, SHERYL S.
STREET ADDRESS	9875 N.W. 79TH AVENUE	2.3 STREET ADDRESS	14505 COMMERCE WAY, #400
CITY-ST-ZIP	HIALEAH GARDENS, FL 33016	2.4 CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMBROSIO, MICHAEL	3.2 NAME	JOHNSTON, PATRICE M.
STREET ADDRESS	11900 BISCAYNE BOULEVARD, #801	3.3 STREET ADDRESS	14505 COMMERCE WAY, #400
CITY-ST-ZIP	MIAMI, FL 33181	3.4 CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	EVP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEINERMAN, PETER	4.2 NAME	
STREET ADDRESS	5901 NW 151st STREET, #120	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	4.4 CITY-ST-ZIP	
TITLE	SVP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEIZER, HARRY	5.2 NAME	
STREET ADDRESS	5901 NW 151st STREET, #120	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 its 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICE M. JOHNSTON

4/2/99

305 819 4663

Date

Daytime Phone #

CR2E034 (1/98)