

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

95 MAY 19 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S48023** (3)

1. Corporation Name  
**WEINAPPLE ENTERPRISES, INC.**

Principal Place of Business: **19355 TURNBERRY WAY N. MIAMI BEACH FL 33180**  
Mailing Address: **19355 TURNBERRY WAY N. MIAMI BEACH FL 33180**

DO NOT WRITE IN THIS SPACE

2. Previous Filing (Firm's)		2a. Mailing Address		3. Date incorporated or organized <b>04/25/1991</b>	3a. Date of Last Report <b>07/06/1994</b>
21. State of Report	26. State of Report			4. FE Number <b>65-0257568</b>	Applied Fee None Applicable
22. City or State	27. City or State			5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. City or State	28. City or State			6. Excess Company Fees and Fees from other states <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. City or State	25. City or State	29. City or State	30. City or State	8. The corporation has liability for intangible tax under the Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**WEINAPPLE, RITA  
19355 TURNBERRY WAY  
N. MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent  
B1. Name  
B2. Street Address (if no box number, street address)  
B3.  
B4. City  
B5. State

11. I, the undersigned, the person named herein as the registered agent, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the corporation is in good standing under the laws of the State of Florida.

SIGNATURE \_\_\_\_\_

12. NAME	D	13. NAME	
14. STREET ADDRESS	WEINAPPLE, RITA	15. STREET ADDRESS	
16. CITY	19355 TURNBERRY WAY	17. CITY	
18. STATE	N. MIAMI BEACH FL	19. STATE	
20. ZIP CODE		21. ZIP CODE	
22. NAME		23. NAME	
24. STREET ADDRESS		25. STREET ADDRESS	
26. CITY		27. CITY	
28. STATE		29. STATE	
30. ZIP CODE		31. ZIP CODE	
32. NAME		33. NAME	
34. STREET ADDRESS		35. STREET ADDRESS	
36. CITY		37. CITY	
38. STATE		39. STATE	
40. ZIP CODE		41. ZIP CODE	

14. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the corporation is in good standing under the laws of the State of Florida.

SIGNATURE: *Rita Weinapple*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*May 1, 1995* 305-435-4445