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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

176774

(8)

WEEKES & CALLAWAY, INC.

Principal Place of Business	Mailing Address	······································		
777 E. ATLANTIC AVENUE #300 P.O. BOX 1460 DELRAY BEACH FL 33483	777 E. ATLANTIC AVE #300 P.O. BOX 1460 DELRAY BEACH FL 33483			
US			3. Date Incorporated or Qualified 01/02/1954	3a. Date of Last Report 06/05/1995
2. Principal Place of Business 21 777 E. Atlantic Av.	2a. Mailing Address	Harric Que	4. FEI Number 59-0714699	Applied For Not Applicable
Seite, Apt. #, etc. 22 7 00	Suite, Ayl. #, etc.) (5. Certificate of Status Desired	\$8.75 Additional Fee Required
City State 23 De Cain El	City & State	Ei	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
30 182 90	70 VC11990 -	Country		Added to Fees or intangible tax under s 199.032,
9. Name and Address of Current	Registered Agent	30 KAIM	Florida Statutes Y	es No
		B1 Name		
WEEKES, LEON		82 Street Addre	ess (P.O. Box Number is Not Accept	able)
777 E ATLANTIC AVE #300		83		
DELRAY BEACH FL 33483		03		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above named corpor	ation submits this statement for the p	purpose of changing its registered office
or registered agent our both, in the State of Florid familiar with, and scept the orligations of Secal	n 607 0505, Florida Shtutes.	o by the corporation's boar	d or directors. I hereby accept the ap	opointment as registered agent. I am
SIGNATURE MONCHUL	of the transleade (NOT	ovaent		1-24-96.
12. OFFICERS AND		E: Begistered Agent signature requirer 13.		FICERS AND DIRECTORS IN 12
THEF	☐ DELETE	1 STALE		☐ Change ☐ Addition
CALLAWAY, J. MICHAEL		1.2 NAME		
STREET ADDRESS 777 E. ATLANTIC AVE #300 CHY-S1-7IF DELRAY BCH FL 00000		1.3 STREET ADDRESS		
THE CD	DELFTE	1.4 CITY - ST - ZIP 2.1 THILE		Change Addition
WEEKES, LEON M		2.2 NAME		 . <u> </u>
STREET ADDRESS 777 E ATLANTIC AVE #300		2 3 STREET ADDRESS		
CITY STEZIF DELRAY BCH, FL 00000 PSD	[T] DECETE	2.4 CITY - ST - ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME WEEKES, LEON A		3.2 NAME		Change Addition
STREET ADDRESS 777 E ATLANTIC AVE #300		3.3 STHEET ADDRESS		
CHY-ST ZIP DELRAY BCH, FL 00000		3.4 CHY+S1+7IP		
TOLE	□ DELETE	4 1 TITLE		Change Addition
STREET ADDRESS		4.2 NAME 4.3 STREFT ADDRESS		
CITY ST ZIP		4.4 CITY - ST - ZIP		
Table 1	DELETE	5 1 TITLE		Change Addition
NAME		5 2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CTY-ST-ZP	DELETE	5.4 CHTY · ST · ZIP 6.1 THILE		☐ Change ☐ Addition
NAMI	يا مديد اد	6 2 NAME		El onarige El Robition
SHEET ADDRESS		6.3 STREET ADDRESS		
City ST-7/P		6 4 CITY - ST - ZIP		0.070.71.51
14. I do hereby certly that the information supplied we certify that the information indicated on this annue oath, that I am an officer or director of the corpor appears in Block 12 or Block 13 in planged, or office.	d report or supplemental annu	ial report is true and accura	te and that my signature shall have ti	ne same legal effect as if made under

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-916 578.0448

A LOCATE MAN ATOM CHAIL HOUS ABOUT AND RESERVICED COME CARL CARL CARL