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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 176774 1. Corporation Name

Principal Place of Business

WEEKES & CALLAWAY, INC.

FILED Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90042 001 ***150.00



777 E ATLANTIC AVENUE SUITE 300 DELRAY FL 33483 US		777 E ATLANTIC AVENUE SUITE 300 DELRAY FL 33483 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/02/1954		
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number		lied For Applicable
21		26			59-0714699	88.75 AG	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	Suite, Apr. #, etc.		5. Certificate of Status Desired	Fee Req	uired
City & State City & State					6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution \$5.00 May Be Added to Fees		
23 Zip	Zip Country Zip Cou						
25 29 30			<u> </u>	Personal Property Tax. Yes No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
			81	Name			<u> </u>
WEEKES, LEON 777 E ATLANTIC AVE #300			82	82 Street Address (P.O. Box Number is Not Acceptable)			
	AY BEACH FL 33483		83				
			84	' '	FL	35 Zip C	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Signature, typed of printed family Company AND DIPPOTORS					ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTO	RS IN 12
12.	P	□ DELETE	1.1 TITLE] Change	☐ Addition
NAME (CALLAWAY, J. MICHAEL		1.2 NAME	-			
STREET ADDRESS	777 E. ATLANTIC AVE #300		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	DELRAY BCH FL 00000		1.4 CITY-5	ST-ZIP			
TITLE	CD CD	☐ DELETE	2.1 TITLE] Change	Addition
NAME	WEEKES, LEON M		2.2 NAME				
STREET ADDRESS	777 E ATLANTIC AVE #300		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	DELRAY BCH, FL 00000		2.4 CITY-	ST-ZIP		==-	
TITLE	CEOS	☐ DELÉTE	3.1 TITLE		L	_ Change	☐ Addition
NAME	WEEKES, LEON A		3.2 NAME				
STREET ADDRESS	777 E ATLANTIC AVE #300		3.3 STREE	ET ADDRESS	1. The second of		
CITY-ST-ZIP	DELRAY BCH, FL 00000		3.4. CITY-	ST-ZIP		7.01	Addition
TITLE		☐ DELETE	4.1 TITLE		· · · · L	_] Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	ET ADDRESS			ì
CITY-ST-ZIP	18		4.4 CITY-	ST-ZIP		7.05	Addition
TITLE		☐ DELETE	5.1 TITLE		L	Change	☐ Addition
NAME	i		5.2 NAME	1		•	
STREET ADDRESS			ł	ET ADDRESS			
CITY-ST-ZIP	i		5.4 CITY-			7.01	A d distant
TITLE	Color and Color	☐ DELETE	6.1 TITLE		L	Change	Addition
NAME			6.2 NAME				
STREET ADDRESS	∰- 12		6.3 STRE	ET ADDRESS			
STREET ADDRESS	47.4		BACITY-	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 if changed, or on an attachment with an address, with all giver like empowered.

SIGNATURE: