

FILED

3. Date Incorporated or Qualified		08/28/1952	
4. FEI Number		Applied For	
59-6064425		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 type="checkbox"/> Yes <input type="checkbox"/> No			
10. Name and Address of New Registered Agent			
NOA WEEKS (P.O. Box Number is Not Acceptable) 303 TAHITI DR. BERNARD BEACH FL 33407			

2	Principal Place of Business		2a	Mailing Address	
	115 Atlantic Ave		26	4303 TAHITI DR	
	Suite, Apt. #, etc.			Suite, Apt. #, etc.	
22	City & State		27	City & State	
23	DEIRAY BEACH, FL		28	HERNANDO BEACH, FL	
24	Zip	Country	29	Zip	Country
	3	Palm Beach		34607	HERNANDO

9. Name and Address of Current Registered Agent	
WEEKS, LINDA	81 Name <u>Linda</u>
402 NW 17TH STREET	82 Street Address <u>402 NW 17th Street</u>
DELRAY BEACH FL 33444	83 Zip <u>33444</u>
	84 City <u>Deerfield Beach</u>

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 reinstalling)	DATE

12.	OFFICERS AND DIRECTORS	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WEEKS, WILLIAM W	
STREET ADDRESS	402 N.W. 17TH STREET	
CITY - ST - ZIP	DELRAY BEACH FL 33444	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WEEKS, R. STUART	
STREET ADDRESS	402 N.W. 17TH STREET	
CITY - ST - ZIP	DELRAY BEACH FL 33444	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WEEKS, DAVID S	
STREET ADDRESS	4290 TARPON AVENUE	
CITY - ST - ZIP	BONITA SPRINGS FL	
TITLE	SEC. TREASURER	<input type="checkbox"/> DELETE
NAME	LINDA WEEKS	
STREET ADDRESS	4303 TAHITI DR	
CITY - ST - ZIP	HERNANDO BEACH, FL 34607	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	4303 TAHITI DR	
1.4 CITY - ST - ZIP	HERNANDO BEACH, FL 34607	
2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	Delete	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	VICE President	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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 if changed, or on an attachment with an address.

SIGNATURE: *W. H. Weber* W. H. WEBER

CR2E034 (10/97)