


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

FILED

Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 358652 (6)
1. Corporation Name
WEAVER DEVELOPMENT CORPORATION

Principal Place of Business 9400 N. MILITARY TRAIL BOYNTON BEACH FL 33436	Mailing Address 9400 N. MILITARY TRAIL BOYNTON BEACH FL 33436
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/21/1970	
21		26		4. FEI Number 59-1320413	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
24		25		29	
9. Name and Address of Current Registered Agent WEAVER, MELVIN E. 9524 CROSS CREEK DR BOYNTON BEACH FL 33436				10. Name and Address of New Registered Agent	
				81	Name Weaver, C. Stanley
				82	Street Address (P.O. Box Number is Not Acceptable) 4662 Lotus Way
				83	
				84	City Boynton Beach
				85	Zip Code FL 33436

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2 Feb 98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEAVER, MELVIN			1.2 NAME			
STREET ADDRESS	9524 CROSS CREEK DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DELETED	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEAVER, MARCUS L.			2.2 NAME			
STREET ADDRESS	1133 MARINE WAY E.			2.3 STREET ADDRESS			
CITY-ST-ZIP	N. PALM BCH. FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEAVER, STANLEY			3.2 NAME			
STREET ADDRESS	4662 LOTUS WAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL			3.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		4.1 TITLE	VPDST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEAVER, CURTIS A.			4.2 NAME			
STREET ADDRESS	4384 CARYOTA DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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 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.

C. STANLEY WEAVER

SIGNATURE:

C. Stanley Weaver
SIGNATURE

2/2/98

561-734-4644

CR2E034 (10/97)