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

FILED Jan 29 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # 360374 (3)emil Weiman, Inc. Principal Place of Business Mailing Address 4727 DEL PRADO BLVD 4727 DEL PRADO BLVD CAPE CORAL FL 33904 CAPE CORAL FL 33904 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/02/1970 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 36-6055996 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6, Election Campaign Financing П Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WEIMAN, EMIL WEIMAN JOYCE
Street Address (P.O. Box Number is Not Acceptable) 2825 SE 17TH AVE 82 2825 SE 17th AVE CAPE CORAL FL 33904 83 84 Zip Code 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 tangliar with, and accept the obligations of, Section 607.0505, Florida Statutes. CAPE CORAL 1/17/98 <u>Joyce E. Weiman</u> **SIGNATURE** when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. X Change DELETE ۷D TITLE 1 1 TITLE V/S/D WEIMAN, JOYCE NAME 1.2 NAME 2825 SE 17TH AVE 1.3 STREET ADDRESS STREET ADDRESS CAPE CORAL, FL 00000 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE ŤD NAME BARRATT, EVELYN 2.2 NAME 14516 SW 79TH ST 2.3 STREET ADDRESS STREET ADDRESS ARCHER FL 2. 4 CITY - ST- ZIP CITY-ST-ZIP X DELETE Change Addition TITLE 3.1 TITLE SD NAME WEIMAN, EMIL 3.2 NAME STREET ADDRESS 2825 SE 17TH AVE 3.3 STREET ADDRESS CAPE CORAL, FL 00000 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE ☐ Addition TITLE 4.1 TITLE WEIMAN, JOHN 4. 2 NAME NAME P.O. BOX 635 4.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ Change Addition TITLE DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

Joyce E. Weiman, V/S/D 1/17/98 941-542-7786

14. Thereby 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

CITY-ST-ZIP