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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** #

492432

(0)

WEIRICH, INC.

TITLE

NAME

STREET ADDRESS

THOMAS, MARK E

44 PALM DR

Principal Place of Business	Mailing Address	
436 N WESTMORELAND DR ORLANDO FL 32805	436 N WESTMORELAND DR ORLANDO FL 32805	
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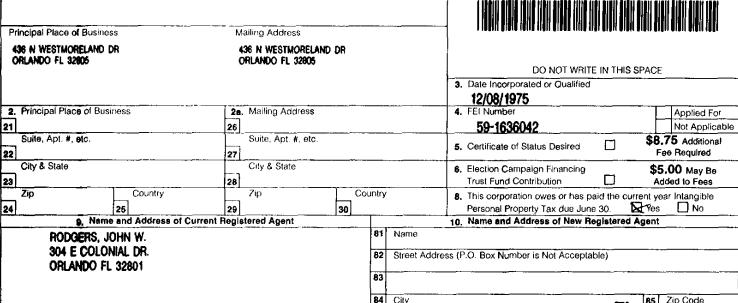
## **FILED** Apr 20 1998 8:00am Secretary of State

Zip Code

85

Change

Addition



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.

City

SIGNATURE			<u></u>
	Stgnature, typed or printed name of registered agent and title if applicable (NO	1E: Registered Agent signature requ	ired when reinstating) DATE.
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, ROBERT B	1.2 NAME	
STREET ADDRESS	1716 OAKMONT LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	1.4 CITY - ST - ZIP	
TITLE	DILLETE	2.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, ROBERT B., JR	2.2 NAME	
STREET ADDRESS	4617 JAMES ROAD	2 3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	2. 4 CITY - ST - ZIP	
TITLE	\$ DELETE	3.1 TITLE	☐ Change ☐ Addition
AVALAC	THOMAS PATRICIA R	2.2 MANE	

1716 OAKMONT LANE STREET ADDRESS 3.3 STREET ADDRESS ORLANDO, FL 00000 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE MCKINNON, PAULA A. NAME 4 2 NAME 1414 PINELAKE RD. 4.3 STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP 4.4 CITY - S1 - ZIP DELETE 5.1 TITLE Addition TITLE HAVEN, CARLA A. NAME 5.2 NAME **5555 BROADACRES STREET** STREET ADDRESS 5.3 STREET ADDRESS MERRITT ISLAND FL CITY-ST-ZIP 5.4 CHY-ST-ZIP

YALAHA FL 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.

6,1 TIŤLE

6.2 NAME

DELETE

6.3 STREET ADDRESS