

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 21, 1999 8:00 am**  
**Secretary of State**

09-21-1999 90021 002 \*\*\*550.00

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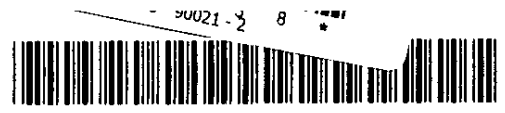
PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 515498  
 1. Corporation Name  
 WEIMER WOODWORKS & INTERIORS, INC.

Principal Place of Business: 1910 7TH AVENUE NORTH LAKE WORTH FL 33461  
 Mailing Address: 1910 7TH AVENUE NORTH LAKE WORTH FL 33461



DO NOT WRITE IN THIS SPACE

3718 - 23rd Ave S.  
 2. Principal Place of Business: 21 3718 - 23rd Ave S.  
 Suite/Apt. #, etc: 22 # 8  
 City & State: 23 Lake Worth, Fla  
 Zip: 24 33461 Country: 25 U.S.A.

3. Date Incorporated or Qualified: 09/30/1976  
 4. FEI Number: 59-1695283 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property:  Yes  No

9. Name and Address of Current Registered Agent  
 WEIMER, BARBARA A  
 1910 7TH AVENUE NORTH  
 LAKE WORTH FL 33461

10. Name and Address of New Registered Agent  
 81 Name: Weimer Barbara A  
 82 Street Address (P.O. Box Number is Not Acceptable): 3718 - 23rd Ave - S.  
 83 Suite # 8  
 84 City: Lake Worth FL 85 Zip Code: 33461

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: *Barbara A Weimer* DATE: 9/10/99  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WEIMER, BARBARA A	
STREET ADDRESS	1910 7TH AVE. NORTH	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEIMER, GERHARD A	
STREET ADDRESS	1910 7TH AVE. NORTH	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WEIMER, KRISTINA A	
STREET ADDRESS	1910 7TH AVE. NORTH	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WEIMER, CATHY M	
STREET ADDRESS	1910 7TH AVENUE NORTH	
CITY-ST-ZIP	LAKE WORTH FL	
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	3718 - 23rd Ave - S. Suite # 8
1.4 CITY-ST-ZIP	Lake Worth, Fla 33461
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Some as above
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Some as above
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Some as above
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: *Barbara A Weimer* DATE: 9/10/99

CR2E034 (5/99)