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 # 566302

(6)

WEID CORPORATION

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Principal Place of Business				N	Mailing Address						1	T FOR ION DISTO BUILD BUILD WHEN I						
9 8	E 5TH ST			,	9 SE 5TH	\$T					1							
P.O. BOX 1635				P.O. BOX 1635 BOCA RATON FL 33429					DO NOT WRITE IN THIS SPACE									
во	CA RATON FL	33429			BOGA HA	ION FL 33429	ı				3. D	ate Incorporated or Qual		_ 114 15 116	OFACE			
											1	2/15/1978						
2. Principal Place of Business				2a	. Mailing	Address						Number				App	lied For	
21			26						-	NOT_APPLICABLE	:			Not a	Applica	ble		
Suite, Apt. #, etc.			Suite, Apt. #, etc.							5 C	ertificate of Status Desire	_	×	\$8.7	75 Ad	ditional	J	
22			27								or timoate or diated bosin			Fe	e Requ	uired		
City & State			City & State							1	ection Campaign Financ	ing			.00 м			
Zip Country		Zip Country							+	ust Fund Contribution				ded to				
_	- ' '							Society			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					-		
24 25 25 Name and Address of Curre									10. Name and Address of New Registered Agent							110		
		·						81	Name									
		JAMES	NU'															
9 SE 5T H ST BOCA r aton FL 33429							82	Streel	t Addre	ss (P.O	. Box Number is Not Acc	epta	pie)					
	DOCA	INATON	1 FL 33428					83										
																		
								84	City					F	85	Zip Co	ode	
11.	Pursuant to t	he provis	ions of Sections 607.050	02 and 6	507.1508,	Florida Statu	ites, the	above	-name	d corpo	ration s	submits this statement for	r the i	purpose	of changi	ng its	register	ed
	office or regi	stered ag	ent, or both, in the State	of Flor	ida Such M. Section	change was	authori Iorida S	zed by	the co	rporatio	n's boa	ard of directors. I hereby	acce	pt the ar	pointmen	it as re	gistere	ď
ľ	_	CALLERICAL SY	in, and accept the only	pation is c	n, occión	1,0000,1000,1	iona c	itatates.										
SIGI	NATURE	n ature , typico	or printed hamo of registered ag	est and thi	e al apposabl	o (NO	TI: Regist	ered Ager	it signatu	re required	d when rei	nslating)		DATE				
12.			OFFICERS AN	ID DIRE			1	3.			AD	DITIONS/CHANGES TO	OFFI	CERS AN				
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NAME			ames jr				1,	2 NAME										
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			ATON FL 33428			DELETE		4. CITY - ST	I - ZIP	+13-	ve	a Bator	+ (}-	12	Chai	<u> </u>	Addi	ition
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STREET ADDRESS City-St-Zip					a CITY-ST		~											
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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 Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

May 06 1998 8:00am

Secretary of State