

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 FEB 27 AM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K73358 (9)**

1. Corporation Name  
**WEIDNER MANAGEMENT COMPANY**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **872 WEST INLET MARCO ISLAND FL 33907**  
Mailing Address: **872 WEST INLET MARCO ISLAND FL 33907**

3. Date Incorporated or Qualified: **03/16/1989**      3a. Date of Last Report: **06/15/1994**

4. FEI Number: **65-0113059**      Applied For:  Not Applicable:

5. Certificate of Status Deared:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

9. Name and Address of Current Registered Agent  
**WEIDNER, PENNY  
872 WEST INLET  
MARCO ISLAND FL 33907**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      **FL**      85 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	<b>DP</b>
NAME	<b>WEIDNER, PENNY</b>
STREET ADDRESS	<b>872 WEST INLET</b>
CITY-ST-ZIP	<b>MARCO ISLAND FL</b>
TITLE	<b>D</b>
NAME	<b>ZVKOFF, PETER</b>
STREET ADDRESS	<b>470 CLINE AVE.</b>
CITY-ST-ZIP	<b>MANSFIELD OH</b>
TITLE	<b>D</b>
NAME	<b>WEIDNER, PETER</b>
STREET ADDRESS	<b>872 WEST INLET</b>
CITY-ST-ZIP	<b>MARCO ISLAND FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), 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 or transferee 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, on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**PETE WEIDNER**

**75420 3949408**  
1000  
1/10/95