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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

CITY-ST-7IP

DOCUI	MENT # 6013	346 (0))			
WEISE	R INVESTMENTS, INC.	•				
					HIRANA ANNI ARARI MAJA MUNI AM	
Principal Place	of Business	Mailing Address	Mailing Address		- I 104/10 9/4/4 00/4/4 HCOO 1/4/1 0/4	H 844 81011 BY 641 8184 8184 0104 07011 BY 641 1884
% IRWIN A. WEISER -515 ELAG OLAG BLVD.: STE. 950 -TT-LAUDERDALE FL 33201		-515 E. LAS OLAS	% IRWIN A. WEISER -515 ELAS OLAS BLYD.: STE: 850FT-LAUDERDALE FL 23201-		Date Incorporated or Qualified	3a. Date of Last Report
					09/02/1969	05/01/1995
<u> </u>	ace of Business	2a. Mailing Address		4	4. FEI Number	Applied For
Suite, Apt.	5. E. 3 € Av	Suite, Apt. #, etc	E. 3 4	Ave.	59-1269516	Not Applicable
22 TH1		27 THIRD	FLOOR	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	,	·	6. Election Campaign Financing	\$5.00 May Be
	LAUDERDALE,	FL. 28 FORT	LAVDERD	Ace, FL.	Trust Fund Contribution	Added to Fees
Zp 33.	3/6 25 U.S.	A. 29 33316	Countr	.s.A.	8. This corporation has liability for	
24	9. Name and Address of C		[30] 4	19,7	Florida Statutes Yes 10. Name and Address of New F	— · · ·
81 Name				10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	iogistoros Agont	
WEISER, IRWIN A. 82 Street				Stroot Addres	ss (P.O. Box Number is Not Acceptat	olo)
-515 E. LAS OLAS BLVD., STE. 950				200		DIE)
FORT LAUDERDALE FL 83301				ax Eina		
			84	City	RD FUER	85 Zip Code
11 Durewoot to	o the provisions of Costions 607	7 0E00 and 007 1500 Florida Or		FOA	LT LAUDERDALE	FL 33316
or register	ed agent, or both, in the State of	f Florida, Such change was auth	attites, the above- norized by the con	-nameo corpora poration's board	tion submits this statement for the pure of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
	n, and accept the obligations of,	Section 607.0505, Florida Stat				Marla.
SIGNATURE _	Signature, hyped or printoid name of registered	ed agent and title if applicable	[NOTE: Registered Ag-	ont signature required	6 E/Z when reinstating)	OATE / 96
12.	OFFICERS	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	PO	☐ DELFTE	1, 1 TiTLE			Change
NAME	WEISER, IRWIN A		1.2 NAME	i _		•
STREET ADDRESS	-515 E LAS OLAS BLVD 1	#950		T ADDRESS	200 S.E. 3 P.	Ave.
CITY-ST-ZIP TITLE	T DE		1.4 CITY - 2. 1 TITLE		FORT LAUDERDA	
NAME	E DELECT		2. 1 TITLE 2.2 NAME			
STREET ADDRESS			1	T ADDRESS		
CITY-S1-ZIP			2.4 CITY-			
TITLE		☐ DELETE	3 1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			33 STREE	ET ADDRESS		
CITY-ST-ZIP		FT OF CIC	3.4 CITY -			
TILE		DELETE	4. 1 TITLE	}		Change Addition
NAME STREET ADDRESS			4.2 NAME			
CITY-ST-ZIP				F ADDRESS		
TIFLE		DELETE	4.4 CITY- 5. 1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			L Sumany L Regulation
STREET ADDRESS				T ADDRESS		
CHTY-ST-7tP			5.4 C(1)	ļ		
TITLE		☐ DELETE	6. 1 TITLE			Change Addition
NAME			6 2 NAME			ļ
STHEFT ADDRESS			63STREE	T ADDRESS		

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(3)(k). 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. IRWIN A. WEISER 4/26/96 954-555-1040 SIGNATURE:

64 CITY - ST - ZIP