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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 632074

1. Corporation Name

| WEINSTE   | EIN MEMORIAL CHAPELS,                  | INC.                                |                    |   |             |   |                |  |                        |
|---|--|-------------------------------------|--------------------|---|-------------|---|----------------|--|------------------------|
| Principal Place   | of Business                            | Mailing Address                     |                    |   |             | -<br>   | ### ##### ##   | OIL BIOR STORE GI  | B   01011 (30)         |
| 7520 NW 79TH AVE R-1 7520 NW 79TH AVE R-1 TAMARAC FL 33321 TAMARAC FL 33321 |  |                                     |                    |   |             |   |                |  |                        |
|   |  |                                     |                    |   |             | DO NOT WRITE  | IN THIS        | SPACE  |                        |
|   |  |                                     |                    |   |             | 3. Date Incorporated or Qualifed 08/07/1979   |                |  |                        |
| 2. Principal Pl   | lace of Business                       | 2a. Mailing Address                 |                    |   |             | 4. FEI Number   |                | Apr  | olied For              |
| 21  |  |                                     |                    |   |             | 65-0129418  |                | Not  | Applicable             |
| Suite, Apt.   | #, etc.                                | Suite, Apt. #, etc.                 | <del></del>        |   |             | 5. Certifcate of Status Desired   |                | \$8.75 A<br>Fee Rec  |                        |
| City & State City & State   |  |                                     | ***                |   |             | 6. Election Campaign Financing  |                | \$5.00   | May Be                 |
| 23  | •. •                                   | 28                                  |                    |   |             | Trust Fund Contribution   | لبا            | Added to   | Fees                   |
| Zip   | Country                                | Zip                                 | Country            |   |             | 8. This corporation owes the current year Intangible  |                |  |                        |
| 24  | 25 29 30                               |                                     | o <u> </u>         |   |             | Personal Property Tax. Yes No   |                |  |                        |
|   | 9. Name and Address of Curre           | nt Registered Agent                 |                    |   |             | 10. Name and Address of New Re  | gistered /     | Agent  |                        |
| WEIR  | JOTEIN DUBID                           |                                     | 81                 | Nam   | ie          |   |                |  |                        |
| WEINSTEIN, PHILIP<br>7520 NW 79TH AVE R-1                                   |  |                                     | 82                 | 82 Street Address (P.O. Box Number is Not Acceptable) |             |   |                |  |                        |
|   |  |                                     |                    |   |             | ····  |                |  |                        |
| IAM   | ARAC FL 33321                          |                                     | 83                 | 3   |             |   |                |  |                        |
|   |  |                                     |                    | 84 City   |             |   | FL 85 Zip Code |  |                        |
| agent. I a  | m familiar with, and accept the obliga | ations of, Section 607.0505, Florid | ia Statute:        | s.  |             | ration submits this statement for the p n's board of directors. I hereby accept when reinstating) | the appoir     | changing its introduced the strength of the st | registered<br>pistered |
| 12.   |  |                                     | 13.                |   | 10 toquilus | ADDITIONS/CHANGES TO OFFI   |                | D DIRECTO  | RS IN 12               |
| TITLE   | P .                                    | DELETE                              | 1.1 TITLE          |   | T           |   |                | Change   | Addition               |
| NAME  | WEINSTEIN, PHILIP M                    |                                     | 1.2 NAME           |   | ļ.          |   |                |  | Į                      |
| STREET ADDRESS  |  |                                     |                    | 1.3 STREET ADDRESS                                    |             |   |                |  |                        |
| CITY-ST-ZIP   |  |                                     |                    | 1.4 CITY-ST-ZIP                                       |             |   |                |  |                        |
| TITLE   | ST                                     | ☐ DELETE                            | 2.1 TITLE          | J, C.   |             |   |                | Change   | Addition               |
| NAME  | WEINSTEIN, GAIL P.                     | _                                   | 2.2 NAME           |   |             |   |                | •  |                        |
| STREET ADDRESS  |  |                                     | 2.3 STREET ADDRESS |   | ss          |   | •              |  |                        |
|   | TAMARAC FL                             |                                     | 2.4 CITY-          |   |             |   | -              |  |                        |
| CITY-ST-ZIP<br>TITLE  | TAIR IN TE                             | ☐ DELETE 3.1                        |                    | <u> </u>  |             |   |                | ☐ Change   | Addition               |
| NAME  | 32N                                    |                                     | 3.2 NAME           |   |             |   |                |  |                        |
| STREET ADDRESS  |  |                                     | 3.3 STREE          | T ADDRÉ   | SS          |   |                |  |                        |
| CITY-ST-ZIP   |  |                                     | 3.4. CITY-         | ST-ZIP  |             |   |                |  |                        |
| TITLE   |  | ☐ DELETE                            | 4.1 TITLE          |   |             | , · · · · · · · · · · · · · · · · · · ·   |                | ☐ Change   | Addition               |
| NAME  |  |                                     | 4. 2 NAME          |   |             |   |                |  |                        |
| STREET ADDRESS  |  |                                     |                    | 4.3 STREET ADDRESS                                    |             |   |                |  |                        |
| CITY-ST-ZIP   |  |                                     | I .                | 4.4 CITY-ST-ZIP                                       |             |   |                |  | ļ                      |
| TITLE   | ,                                      | ☐ DELETE                            | 5.1 TITLE          |   |             |   |                | Change   | Addition               |
| NAME  |  |                                     | 5.2 NAME           |   |             | •   |                |  | }                      |
| STREET ADDRESS  | •                                      |                                     | 5.3 STREE          | T ADDRE   | SS          |   |                |  | į                      |
| CITY-ST-ZIP   |  |                                     | 54 CITY-5          | ST-ZIP  |             | •   |                |  |                        |
| TITLE   |  | ☐ DELETE                            | 6.1 TITLE          |   |             |   |                | ☐ Change   | Addition               |
| NAME  |  |                                     | 6.2 NAME           |   |             |   |                |  | Ì                      |

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

DUIRPHILIP M. WELDSTEID 4/26/99 954-722-1551

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90095 045 \*\*\*150.00