

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 642109 (3)

1. Corporation Name

WEISS & EXUM, P.A.

Principal Place of Business

Mailing Address

~~363 ALTAMONTE SPRINGS DRIVE~~
ALTAMONTE SPRINGS FL 32701

~~363 ALTAMONTE SPRINGS DRIVE~~
ALTAMONTE SPRINGS FL 32701



2. Principal Place of Business

2a. Mailing Address

21 499 G. CENTRAL PKWY #215

26 499 E. CENTRAL PKWY #215

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 ALTAMONTE SPRINGS FL

28 ALTAMONTE SPRINGS FL

Zip

Country

Zip

Country

24 32701

25

29 32701

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/18/1979

3a. Date of Last Report
08/10/1995

4. FEI Number

59-1949666

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

WEISS, GARY H

~~263 ALTAMONTE SPRINGS RD.~~
ALTAMONTE SPRINGS FL 32701

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

499 G. CENTRAL PKWY #215

83

84 City

ALTAMONTE SPRINGS

FL

85 Zip Code

32701

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

Signature typed or printed name of registered agent and State of agent

(NOTE: Registered Agent Signature required when first filing)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	D	EXUM, THOMAS C.	2010 EDGEWATER DR.	
			ORLANDO FL	
	D	WEISS, GARY H.	289 PROMENADE CIR	
			HEATHROW FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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(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.

SIGNATURE:

Gary H. Weiss

4-26-96 407-211-1804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)