FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
JIM MOORE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **645986** **(1)**

1. Corporate Name
WEIN'S, ETC., INC.

Principal Place of Business
6925 ST AUGUSTINE RD
JACKSONVILLE FL 32217

Mailing Address
6925 ST AUGUSTINE RD
JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/21/1979**
3a. Date of Last Report: **06/06/1994**

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

4. FEI Number: **59-1952169**
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. The corporation is eligible to elect to be classified as under S. 607.0505 Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WEINTRAUB, CAROLE
7821 BAYMEADOWS CIR W
JACKSONVILLE,F L FL 32216

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 Section 607.0505, Florida Statutes, the undersigned corporation hereby submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and the street address of the registered office of this corporation and the name of its registered agent in Florida are identical to such registered office and registered agent of a corporation operating in Florida.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	WEINTRAUB, HENRY
STREET ADDRESS	7821 BAYMEADOWS CIR W
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	DPS
NAME	WEINTRAUB, CAROLE R
STREET ADDRESS	7821 BAYMEADOWS CIR W
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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 (if any)

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is correct. I further certify that this corporation has paid all fees due to the Department of State, that it has filed with the Department of State its most recent annual report, that its registered office and registered agent have been maintained as required by Chapter 607, Florida Statutes, and that the name appears in Block 1 or Block 11 (if changed) or is attached with an address.

SIGNATURE: Henry Weintraub Vice President 4-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

001M074 CP