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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # 663303

(6)

HELLER-WEAVER AND CATO, INC.

FILED								
Jan 21 1997 8:00am								
Secretary of State								

		ana n ana n 1 11

Principal Place of Business Mailing Address					b id blid fille bilad ffelle tibts beind bilt diffet biett ereit biett erbit eiste enei					
310 SE 1ST STREET 310			NO SE 1ST STREET							
SUITE 4		SUITE 4	SUITE 4							
DELRAY BEACH	H FL 33483	DELRAY BI	EACH FL 33483	3-4547				0		
							3. Date Incorporated or Qualified 12/26/1979	3a. Dat 01/1	e of Last 9/1996	
2. Principal Pr	ace of Business	2a. Mailing	Address				4. FEI Number		· · · ·].	Applied For
21		26					59-1963354			Not Applicable
Suite, Apt	#, etc.	Suite, 7	Apt. #, etc				5. Certificate of Status Desired		\$8.75	Additional
22		27					5. Certificate of Status Desired	LJ	Fee	Required
City & State	9	City &	State				6. Election Campaign Financing		\$5.0	O May Be
23		28					Trust Fund Contribution		•	d to Fees
Ζιρ	Country	Zip		Count	ry		8. This corporation has liability for in	tangible t	ax under	s. 199.032,
24	25	29		30			Florida Statutes	Yes	No	
	9. Name and Address of Curr	ent Registered A	gent				10. Name and Address of New Reg	latered A	gent	
WFA	VER, JOHN D			8	1	Name				
	JASMINE DR.			-	_	0	(D.O. D. M I. M.			
	RAY BCH FL 33483			8	2	Street Addre	ess (P.O. Box Number is Not Acceptabl	9)		
UEL	HALI BOTT TE 30400			8	3					
				8	4	City		FL	85 Zi	p Code
			- FI - 1 - O							. Ita wa adabawa at
office or re	edistered agent, or both, in the Sta	ite of Florida. Such	i change was	authorized I	by t	named corpo he corporation	oration submits this statement for the pu on's board of directors. I hereby accep	the appo	changing intment a	as registered
agent. i a	m familiar with, and accept the ob-	igations of, Sectio	n 607.0505, F	lorida Statut	es.	•	,	• •		-
SIGNATURE										
	Signature: Typing or proceed name of registered :	<u> </u>	ile (NO		vgent	signature require	ed when reinstating)	DATE	5152542	555 11 45
12.		ND DIRECTORS		13.		·····	ADDITIONS/CHANGES TO OFFICE			
TITLE	ST		DELETE	1.1 TITLE	E				Chang	e L. Addition
NAME	HELLER, HENRY			1.2 NAM	E					j
STREET ADDRESS	9805 PIONEER RD.			1.3 \$TRE	ET A	DDRESS				
CITY - ST - ZIP	W. PALM BCH FL			1.4 CITY	-ST	ZIP				
TITLE	V		DELETE	2.1 TITLE	Ë				Chang	e L. Addition
NAME.	CATO, DONALD L.			2.2 NAM	E					
STREET ADDRESS	3760 CYPRESS EDGE DR.			2.3 STRE	ET A	DDRESS				
CITY - ST - ZIP	LAKE WORTH FL			2. 4 CITY	Y - \$1	- ZIP				
TITLE	P		DELETE	3.1 TiTLE	_				Chang	e Addition
NAME	WEAVER, JOHN D			3.2 NAM	iΕ					
STREET ADORESS	910 JASMINE DR.			3.3 STRE	ET A	DDRESS				
CITY-SI-ZIF	DELRAY BCH FL			3.4. CITY		1				
TITLE			DELETE	4.1 TITLI					Chang	e Addition
NAME				4. 2 NAN						
STREET ADDRESS						ODRESS				
CITY ST-ZIP			DELETE	4.4 CITY 5.1 TITL		- 211"			Chang	e Addition
TITLE									Viigily turi	
NAME				5.2 NAM						
STREET ADDRESS						DDRESS				
C(TY -S1 - ZIP			DELETE	5.4 CITY		ZIP			T Observed	a dubte-
TITLE			☐ DELETE	6.1 THTL					Chang	e Addition
NAME				6.2 NAV	16					
STREET ADDRESS				6.3 STR	EET A	DDRESS				
	i									
CHTY - ST - ZIF			·····	6.4 CITY			l in Section 119.07(3)(i), Florida Statutes			***************************************

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 mitting address.

SIGNATURE:

Date

Daytime Phone #