

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

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90001 021 ***750.00

DOCUMENT # 686815

1. Corporation Name

WESTON-FLORIDA DEVELOPMENT CORPORATION

Principal Place of Business

801 S OCEAN DR
HUTCHINSON ISLAND FL 34949
US

Mailing Address

2103 S US ONE #621
FT PIERCE FL 34950
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1980

4. FEI Number

59-2028345

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 955 Wilson Avenue

Suite, Apt. #, etc.

27 Unit 1

City & State

28 Downsview, Ontario

Zip

Country

29 M3K 2A8

30 CA

9. Name and Address of Current Registered Agent

BANKS, JEANETTE S.
10200 S OCEAN DR.
110
JENSEN BCH FL 34957

10. Name and Address of New Registered Agent

81 Name

JOHN P. STANTON, CPA

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

60 SABAL COURT

83

84 City

STUART

FL

85 Zip Code

34996

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 *John P. Stanton, CPA* JOHN P. STANTON, CPA

4-27-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DILUCA, PRIMO IVO
STREET ADDRESS 4000 N OCEAN BLVD #2103
CITY-ST-ZIP RIVIERA BCH., FL 00000

DELETE

TITLE VD
NAME MUZZO, MARCO
STREET ADDRESS 5440 N OCEAN DR #PH-302
CITY-ST-ZIP RIVIERA BCH., FL 00000

DELETE

TITLE ST
NAME BANKS, JEANETTE
STREET ADDRESS 10200 S. OCEAN DR. 110
CITY-ST-ZIP JENSEN BCH FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 attached addendum, with all other like empowered.

SIGNATURE: *Marco Muzzo* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 30/99

Date

Daytime Telephone

CR2E034 (1/98)