

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 # 698196

1. Corporation Name  
WESTON-FLORIDA HOLDING CORP.

Principal Place of Business  
801 S OCEAN DR  
HUTCHINSON ISLAND FL 34949  
US

Mailing Address  
2103 S US ONE 621  
ET PIERCE FL 34950  
US

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

05-19-1999 90001 021 \*\*\*750.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 955 Wilson Avenue

23 City & State

27 Unit 1  
28 Downsview, Ontario

24 Zip Country

29 M3K 2A8 30 CA

3. Date Incorporated or Qualified

08/10/1981

4. FEI Number

59-2154254

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 owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

BANKS, JEANETTE S.  
10200 S. OCEAN DR 110  
JENSEN BEACH 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)

6 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 ST  
NAME BANKS, JEANETTE  
STREET ADDRESS 10200 S OCEAN DR 110  
CITY-ST-ZIP JENSEN BEACH FL

DELETE

TITLE PD  
NAME DILUCA, PRIMO I  
STREET ADDRESS 400 N OCEAN BLVD #2103  
CITY-ST-ZIP RIVIERA BCH, FL 00000

DELETE

TITLE VD  
NAME MUZZO, MARCO  
STREET ADDRESS 5440 N OCEAN DR #PH302  
CITY-ST-ZIP RIVIERA BCH, FL 00000

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 attachment with an address, with all other like empowered.

SIGNATURE: *Y*

SIGNATURE *Marzo Muzzo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Apr. 30/99

Daytime Phone No.

CR2E034 (1/98)

0511501