

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F03804 (4)
1. Corporation Name
WEIR UNLIMITED, INC.



Principal Place of Business: 208 WATERWOOD DR YALAHA FL 34797
Mailing Address: 208 WATERWOOD DR YALAHA FL 34797

3. Date Incorporated or Qualified: 10/23/1980
3a. Date of Last Report: 03/22/1995
4. FEI Number: 59-2039298
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

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

9. Name and Address of Current Registered Agent
~~KNOIZEN, ARTHUR K.
13311 SUNSET HARBOR RD.
WEIRSDALE FL 32195~~

10. Name and Address of New Registered Agent
81 Name: KNOIZEN, MRS ARTHUR K
82 Street Address (P.O. Box Number is Not Acceptable): 13311 SUNSET HARBOR RD
83
84 City: WEIRSDALE FL 85 Zip Code: 32195

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: *Arthur K. Knoizen* Date: July 23, 1996
Signature, typed or printed name of registered agent and title (Applicable to the Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OECHSLIN, ROBERT E	
STREET ADDRESS	208 WATERWOOD DR	
CITY - ST - ZIP	YALAHA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KNOIZEN, ARTHUR K	
STREET ADDRESS	13311 SUNSET HARBOR ROAD	
CITY - ST - ZIP	WEIRSDALE, FL 32195	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	HARNEY, JEAN A	
STREET ADDRESS	11 OAKLEAF DRIVE	
CITY - ST - ZIP	CLIFTON PARK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	D
23 STREET ADDRESS	KNOIZEN, MRS ARTHUR K
24 CITY - ST - ZIP	13311 SUNSET HARBOR RD
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	WEIRSDALE, FL 32195
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached name with an address.

SIGNATURE: *Robert E. Oechslin* Date: 7/22/96 (352) 324-3611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034 (3/96)