


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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F36646** (0)
1. Corporation Name
JOSEPH S. WEINFELD, INC.

Principal Place of Business 5051 CASTELLO DR #11 #8 NAPLES FL 34103 US	Mailing Address 5051 CASTELLO DR #11 #8 NAPLES FL 34103 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/29/1981	
4. FEI Number 59-2093205	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Principal Place of Business 21 4551 Gulf Shore Blvd N Suite, Apt. #, etc. 22 #805 City & State 23 Naples, FL Zip 24 34103	2a. Mailing Address 26 4551 Gulf Shore Blvd N Suite, Apt. #, etc. 27 #805 City & State 28 Naples, FL Zip 29 34103 Country 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEINFELD, HELEN
5051 CASTELLO DR #11 4551 Gulf Shore Blvd N
NAPLES FL 34103 #805

81 Name Helen Weinfeld
82 Street Address (P.O. Box Number is Not Acceptable) 4551 Gulf Shore Blvd N, #805
83
84 City Naples
85 Zip Code 34103

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 **Helen Weinfeld** **3/16/98**
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DT	<input checked="" type="checkbox"/> DELETE Address	1.1 TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEINFELD, RICHARD		1.2 NAME Weinfeld, Richard	
STREET ADDRESS 5051 CASTELLO DR #8		1.3 STREET ADDRESS 4551 Gulf Shore Blvd N, #805	
CITY-ST-ZIP NAPLES, FL 00000		1.4 CITY-ST-ZIP Naples, FL 34103	
TITLE DP	<input checked="" type="checkbox"/> DELETE Address	2.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEINFELD, HELEN		2.2 NAME Weinfeld, Helen	
STREET ADDRESS 5051 CASTELLO DR #8		2.3 STREET ADDRESS 4551 Gulf Shore Blvd N, #805	
CITY-ST-ZIP NAPLES, FL 00000		2.4 CITY-ST-ZIP Naples, FL 34103	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE **Richard Weinfeld** **3/16/98**
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (10/97)