

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 APR 12 PM 10:36**

**DOCUMENT # F94000001128 (7)**

1. Corporation Name  
**WEIGHTS, INC.**

Principal Place of Business

**4565 S. PALO VERDE  
STE 203  
TUCSON AZ 85714**

Mailing Address

**4565 S. PALO VERDE  
STE 203  
TUCSON AZ 85714**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**03/07/1994**

3a. Date of Last Report

2. Principal Place of Business

**21 4620 S. Coach Drive**

Suite, Apt. #, etc.

**22**

City & State

**23 Tucson, AZ**

**24 85714**

Country

**25 USA**

2a. Mailing Address

**26 4620 S. Coach Drive**

Suite, Apt. #, etc.

**27**

City & State

**28 Tucson, AZ**

**29 85714**

Country

**30 USA**

4. FEI Number

**76-0349909**

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. 194.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**PC  
JONES, KARL  
11621 N. HOUSTON ROSALYN RD.  
HOUSTON TX**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**S  
KHOURY, SPIROU  
1150 W. SMOKETHORN  
TUSCON AZ**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY ST ZIP  
**DIRECTOR  
CARL H. SCHULSE  
3100 WESLEYAN, SUITE 300  
HOUSTON, TX 77027**

☐ Change ☒ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY ST ZIP  
**DIRECTOR  
PAAVO ENSIO  
7540 WINDOW PEAK ROAD  
TUCSON, AZ 85718**

☐ Change ☒ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY ST ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY ST ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY ST ZIP

☐ Change ☐ Addition

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 110.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an addition with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SECRETARY**

**APR 5/95**

**520-748-9362**