FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 22 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003040 (2)**

1. Corporation Name
WESTON ASSET MANAGEMENT CORP

Principal Place of Business	Mailing Address
135 E. 57TH ST., #31 NEW YORK NY 10022	135 E. 57TH ST., #31 NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/10/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 500 EAST BROWARD BLVD	26 500 EAST BROWARD BLVD
Suite, Apt. #, etc. 22 SUITE 1003	Suite, Apt. #, etc. 27 SUITE 1003
City & State 23 FORT LAUDERDALE, FLORIDA	City & State 28 FORT LAUDERDALE, FLORIDA
Zip: 24 33394 Country: 25 BROWARD	Zip: 29 33394 Country: 30 BROWARD

4. FEI Number: 22-3196212 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	PDC ☒ Change ☐ Addition
NAME	LIEGEY, JOHN R	1.2 NAME	LIEGEY, JOHN R.
STREET ADDRESS	115 E. 87TH ST., #39D	1.3 STREET ADDRESS	2509 SEA ISLAND DRIVE
CITY-ST-ZIP	NEW YORK NY 10128	1.4 CITY-ST-ZIP	FORT LAUDERDALE, FLORIDA 33313
TITLE	VSD	2.1 TITLE	S ☒ Change ☐ Addition
NAME	MAHONEY, EDWARD	2.2 NAME	MEDIRATTA, AJTA
STREET ADDRESS	6 COMANCHE CT.	2.3 STREET ADDRESS	35 WEST 90TH STREET
CITY-ST-ZIP	KATONAH NY 10536	2.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10024
TITLE	T	3.1 TITLE	T ☒ Change ☐ Addition
NAME	TAYLOR, KARIN	3.2 NAME	MARSHALL, JOSEPH A JR
STREET ADDRESS	50-56 245TH ST.	3.3 STREET ADDRESS	2509 SEA ISLAND DRIVE
CITY-ST-ZIP	DOUGLASTON NY 11362	3.4 CITY-ST-ZIP	FORT LAUDERDALE, FLORIDA 33313
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOHN R. LIEGEY 3-15-95 305-525-8460
SIGNATURE AND TYPED OR PRINTED NAME OF ELORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0001158 CP