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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

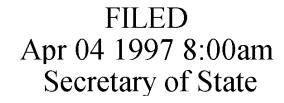
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H38922

(1)

WEATHER OR NOT, INC.





Principal Place	of Business	Mailing Ad	dress				I LORININ OLDE TILD) TOUTE INITO TIMES TIDI	AIAII AIBII AI	ast binit binit	I BIBAT IODI
Principal Place of Business 5703 S TRAVELERS PALM LANE		5703 S TRA	5703 S TRAVELERS PALM LANE							
TAMARAC FL	33319	TAMARAC I	FL 33319-6135				3. Date Incorporated or Qualified		e of Last R	leport
		1 6					01/22/1985	<u>UD/2</u>	20/1996	
	ace of Business	26. Mailing	Address			j	4. FEI Number 59-2192684			oplied For
Suite, Apt.	# Ade	26 Suite A	pt. #, etc.				38-2 182004			ot Applicable Additional
22	n, etc	27	pt. ", cto.				Certificate of Status Desired			equired
City & State		City & S	State				6. Election Campaign Financing			May Be
23		28		T			Trust Fund Contribution	<u> Ц</u>		to Fees
- Ζιρ ″⊓	Country	Ζιρ		Count	ury	1	B. This corporation has liability for in	ntangible t Yes		. 199.032,
4]	25 9. Name and Address of Currer	29 t Registered Ac	nont	30[1	Florida Statutes 10. Name and Address of New Reg			
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5703 S TRAVELERS PALM LANE TAMARAC FL 33319				[8	B2 St	treet Addres	s (P.O. Box Number is Not Acceptab	ole)		
T/WII	PAR 1 E 00010			8	83					
				Ē	84 Ci	itv			85 Zip	Code
				1	- 1			FL	1 1	
SIGNATURE	Signature, typed or printed name of negistered age	ent and sile if applicable		E Registered /			ation submits this statement for the p o's board of directors. I hereby accept when reinstating)	DATE		
12.	OFFICERS AN		TT 25. 532	13.	<u>. </u>		ADDITIONS/CHANGES TO OFFIC	ERS AND		
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NAME	RENKO, RITA	1		1.2 NAM		}				
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14. I do hereby certify that the information supplied with this fitting 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 projured 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.

H OMED

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97(954)73555

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