SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(1)

WEATHER OR NOT, INC.

Mailing Address

Principal Place of Business 5703 8 TRAVELERS PALM LANE

5703 S TRAVELERS PALM LANE

FILED Sep 30 1998 8:00am Secretary of State



TAMARAC FL	33319	_	TAMARAC F	L 33319	P 1116				
1							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
			T #				01/22/1985		
	Place of Busines	3S	2a. Mailing	Address			4. FEI Number Applied Fo		
Suite, Apt.	# etc		26 Suite	Apt. #, etc.			59-2192684 Not Applic		
22	. #, 000,		27	Mpt. W, etc.			5. Certificate of Status Desired \$8.75 Additions	a1	
City & Sta	le		City &	City & State			6. Election Campaign Financing \$5.00 May Be		
23			28				Trust Fund Contribution Added to Fees		
Zip	Country Zip				Country		6. This corporation owes or has paid the current year Intangible		
24	25 29 30				30		Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent						1	10. Name and Address of New Registered Agent		
RENKO, RITA					81	Name			
1	S TRAVELER				Street	Address (P.O. Box Number is Not Acceptable)	\neg		
TAMARAC FL 33319					83	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
,					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							,	ļ	
						Agent signatur	re required when reinstating) DATE		
12. TITLE	OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2	
	1 *		l	DELETE	1.1 TITLE		Change Add	ition	
NAME RENKO, RITA STREET ADDRESS 5703 S TRAVELERS PALM LN					1.2 NAME				
	T444B4 G F4					ADDRESS			
CITY-ST-ZiP TITLE	VST	<u>L</u>		7.55,535	1.4 CITY-ST	I-ZIP			
NAME	RENKO, RIT.	A	L	DELETE	2.2 NAME	ľ	Change Add	ition	
STREET ADDRESS						IDDDEAG		İ	
CITY-ST-ZIP TAMARAC FL					2.3 STREET		:	ļ	
TITLE					2.4 CITY-ST	·ZIP			
NAME	C PECCIE				3.2 NAME	1	L_J Change L_J Add	ition	
STREET ADDRESS					3.3 STREET	ADDRESS			
CITY-ST-ZIP									
TITLE			Г	DELETE	3.4 CITY-\$1 4.1 TITLE	-211	Change Addi	iti a m	
NAME			L		4.2 NAME		L. Change . Addi	JIIOH	
STREET ADDRESS					4.3 STREET	ADDRESS			
CITY-ST-ZIP					4.4 CITY-ST	-ZIP			
TITLE]	DELETE	5.1 TITLE		Change Add	dion	
NAME					5.2 NAME				
STREET ADDRESS					5.3 STREET	ADDRESS	-10/02/98010050 1 1		
CITY-ST-ZIP	_				6.4 CITY-ST	-ZIP	***150.00		
TITLE			Γ	DELETE	6.1 TITLE		Change Addi	tion	
NAME			-		6.2 NAME	1	4/		
STREET ADDRESS					6.3 STREET	ADDRESS	\int_{V}^{V}	ル ー	
CITY-ST-ZIP					6.4 City-St		74.	'	

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 trystee 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.

alullar

(954)726





9/15/98

To whom it may concern'.

Enclosed is our payment of 150-along with the second notice. However, A never received the first notice.

D ded speak to someone infour office today and he suggested I write this letter to your. I do appreciase your assistance.

Successly, CasaRentla (Rus)