

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H49877 (4)

1. Corporation Name

WEISBERG ENTERPRISES, INC.



Principal Place of Business

Mailing Address

**5220 NW 163RD ST.
HIALEAH FL 33014
US**

**5220 NW 163RD ST.
HIALEAH FL 33014
US**

2. Principal Place of Business

2a. Mailing Address

21 New Address
13050 N.E. 16th Ave
North Miami, FL 33161

26 New Address
13050 N.E. 16th Ave
North Miami, FL 33161

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/01/1985

3a. Date of Last Report
03/21/1995

4. FEI Number
59-2509108

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

10. Name and Address of New Registered Agent

**WEISBERG, SANFORD A.
5220 NW 163RD ST.
HIALEAH FL 33017**

81 Name
WEISBERG, S.A.
82 Street Address (P.O. Box Number is Not Acceptable)
New Address
83 13050 N.E. 16th Ave
84 City North Miami, FL 33161

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 reinstating)

2/5/96
DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | WEISBERG, SANFORD A. | |
| STREET ADDRESS | 13105 BISCAYNE ISLAND TR | |
| CITY-ST-ZIP | NORTH MIAMI FL | |
| TITLE | TS | <input checked="" type="checkbox"/> DELETE |
| NAME | CAMPBELL, JEANETTE | |
| STREET ADDRESS | 8300 NW 172ND ST. | |
| CITY-ST-ZIP | HIALEAH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-------------------|-----------------------|--|
| 11 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | WEISBERG, SANFORD A. | |
| 13 STREET ADDRESS | 13050 N.E. 16th Ave | |
| 14 CITY-ST-ZIP | N. MIAMI, FL 33161 | |
| 21 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | |
| 31 TITLE | ST | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME | FELOMAN, SHARON | |
| 33 STREET ADDRESS | 56 BAL BAY DRIVE | |
| 34 CITY-ST-ZIP | BAL HARBOUR, FL 33154 | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96
Date

305-891-3889
Daytime Phone #

CR2E034 (12/95)