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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:43

DOCUMENT # H74317 (9)

1. Corporation Name
WEISS HAINES CITY CORP.

Principal Place of Business	Mailing Address
~~1430 S UNIVERSITY DR #206~~ ~~PO BOX 202110~~ ~~DAVIE FL 33329~~	~~1430 S UNIVERSITY DR #206~~ ~~PO BOX 202110~~ ~~DAVIE FL 33329~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7540 N.W. 5 St.	2a. Mailing Address 26 PO Box 16570
Suite, Apt. #, etc. 22 #7	Suite, Apt. #, etc. 27
City & State 23 Plantation FL	City & State 28 Plantation FL
Zip / Country 24 33318 / 25 Brwd	Zip / Country 29 33318 / 30 Brwd

3. Date Incorporated or Qualified 09/03/1985	3a. Date of Last Report 04/15/1994
4. FEI Number 59-2580371	☐ 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

HUBBELL, ROBERT K.
5301 SW 10TH STREET
PLANTATION FL 33317

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 (text) or printed name of registered agent and the if applicable) (FOR Registered Agent signature required when mailing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	HUBBELL, ROBERT K.	1.2 NAME	
STREET ADDRESS	5301 SW 10TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	WEISS, DONALD	2.2 NAME	
STREET ADDRESS	7320 SW 18TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	WEISS, BILLY	3.2 NAME	
STREET ADDRESS	7205 MORNING DOVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	WEISS, SUZANNE R.	4.2 NAME	
STREET ADDRESS	7320 SW 18TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	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 exemptions 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 required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added to this report.

SIGNATURE: ROBERT K. HUBBELL 2/9/95 305-327-9222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone
Robert K. Hubbell

0434426 FP