

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 # **H74318** (7)

1. Corporation Name
WEISS NAPLES CITY CORP.



Principal Place of Business: **7205 MORNING DOVE LOOP WEST LAKELAND FL 33809**
Mailing Address: **7205 MORNING DOVE LOOP WEST LAKELAND FL 33809**

3. Date Incorporated or Qualified: **09/03/1985**
3a. Date of Last Report: **02/28/1995**

21	2. Principal Place of Business 7540 N.W. 5 ST.	26	2a. Mailing Address P.O. BOX 16570	4.	FEI Number 59-2583412	Applied For				
22	Suite, Apt. #, etc. SUITE #7	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required				
23	City & State PLANTATION, FL	28	City & State PLANTATION, FL	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees				
24	Zip 33317	25	Country USA	29	Zip 33318-6570	30	Country USA	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLARK, JOHN C
911 S PARSONS AVE
BRANDON BUS CENTER
BRANDON FL 33511**

81 Name: **SUZANNE ROSS WEISS**
82 Street Address (P.O. Box Number is Not Acceptable): **7320 SW 18 ST.**
83
84 City: **PLANTATION** FL 85 Zip Code: **33317**

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: *Suzanne Ross Weiss*

DATE: **4/17/96**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HUBBELL, ROBERT K,	
STREET ADDRESS	5301 SW 10TH ST.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WEISS, BILLY	
STREET ADDRESS	7205 MORNING DOVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WEISS, DONALD	
STREET ADDRESS	1860 SW 70TH AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WEISS, DOROTHY MAE	
STREET ADDRESS	7205 MORNING DOVE	
CITY-ST-ZIP	LAKELAND FL	
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		
1 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
2 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
3 1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS	7320 SW 18 ST.	
34 CITY-ST-ZIP	PLANTATION, FL 33317	
4 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
5 1 TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	LAURA GOUGH	
53 STREET ADDRESS	6818 ESTATE ROAD	
54 CITY-ST-ZIP	LAKELAND, FL 33809	
6 1 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 on an attachment with an address.

SIGNATURE: *Ronald E. Weiss*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **4/17/96**

DAYTIME PHONE #: **(954)581-7725**

CR2E034 (12/95)