

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # H74318 (7)

1. Corporation Name
WEISS NAPLES CITY CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **7540 NW 5TH ST STE 7 PLANTATION FL 33317 US**

Mailing Address: **P.O. BOX 16570 PLANTATION F 33318-6570 US**

3. Date Incorporated or Qualified: **09/03/1985**

4. FEI Number: **59-2583412**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: **21 1670 SW 53 AVE. Suite, Apt. #, etc.**

2a. Mailing Address: **26**

City & State: **22 PLANTATION, FL**

City & State: **27**

Zip: **24 33317** Country: **25 US**

Zip: **28** Country: **29** **30**

9. Name and Address of Current Registered Agent
**WEISS, SUZANNE R
 7320 SW 18TH ST
 PLANTATION FL 33317**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): **1670 SW 53 AVE**

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* **SUZANNE ROSS WEISS** DATE: **04/14/98**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> DELETE |
| NAME | WEISS, DONALD | |
| STREET ADDRESS | 7320 SW 18TH ST | |
| CITY-ST-ZIP | PLANTATION FL 33317 | |
| TITLE | VSD | <input type="checkbox"/> DELETE |
| NAME | GOUGH, LAURA | |
| STREET ADDRESS | 6818 ESTATE RD | |
| CITY-ST-ZIP | LAKELAND FL 33809 | |
| 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

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 4517 N. DIXIE HIGHWAY |
| 1.4 CITY-ST-ZIP | POMPANO, FL 33064 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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 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: *Donald E. Weiss* **DONALD E. WEISS** 4/14/98 (954) 581-1634

CR2E034 (10/97)