

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
95 AUG -1 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K04735** (2)

1. Corporation Name
VALERIE WEINSTEIN REALTY, INC.

Principal Place of Business: **11355 ISLAND LAKES LANE BOCA RATON FL 33498 US**
Mailing Address: **11355 ISLAND LAKES LANE BOCA RATON FL 33498 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/03/1987** 3a. Date of Last Report: **08/09/1994**
4. FBI Number: **65-0017338** 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**WEINSTEIN, VALERIE
11355 ISLAND LAKES LANE
BOCA RATON FL 33498**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE: D	NAME: WEINSTEIN, VALERIE STREET ADDRESS: 11355 ISLAND LAKES LANE CITY - ST - ZIP: BOCA RATON FL	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PST	NAME: WEINSTEIN, VALERIE STREET ADDRESS: 11355 ISLAND LAKES LANE CITY - ST - ZIP: BOCA RATON FL	21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	22 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME: STREET ADDRESS: CITY - ST - ZIP:	31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	32 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME: STREET ADDRESS: CITY - ST - ZIP:	41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	42 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME: STREET ADDRESS: CITY - ST - ZIP:	51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	52 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME: STREET ADDRESS: CITY - ST - ZIP:	61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	62 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME: STREET ADDRESS: CITY - ST - ZIP:	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: Valerie Weinstein President 7/27/95 407-488-0441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/95)