

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

**FILED**

**Feb 24 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**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 33498-6807 US**

3. Date Incorporated or Qualified: **12/03/1987** 3a. Date of Last Report: **02/08/1996**  
4. FEI 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 2400 S. Ocean Dr Suite, Apt. #, etc. V 1115 City & State FT. Pierce FL Zip 34949-8049 Country USA**  
2a. Mailing Address: **26 Valerie Weinstein Realty Inc. 27 779 E. Merritt Isl. Cswy #1226 Merritt Island, FL 32952-3309 Zip Country USA**

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: **Valerie Weinstein**  
82 **779 E. Merritt Isl. Cswy #1226 Merritt Island, FL 32952-3309** (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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WEINSTEIN, VALERIE</b>	
STREET ADDRESS	<b>11355 ISLAND LAKES LANE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>WEINSTEIN, VALERIE</b>	
STREET ADDRESS	<b>11355 ISLAND LAKES LANE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
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	<b>779 E. MERRITT ISL. CSWY #1226</b>
1.4 CITY-ST-ZIP	<b>MERRITT ISLAND FL 32952-3309</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>779 E. MERRITT ISL. CSWY #1226</b>
2.4 CITY-ST-ZIP	<b>MERRITT ISLAND FL 32952-3309</b>
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 do 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: \_\_\_\_\_ Date: **2/19/97** Daytime Phone #: **561 465-2122**

CR2E034 (9/96)