

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K21158** (6)

1. Corporation Name

**WEISERT FORTUNE CORPORATION**



Principal Place of Business

Mailing Address

% IPM INTERNATIONAL PROPERTY MGMT & DEV.  
2415-10TH AVE. N  
LAKE WORTH FL 33461

% IPM INTERNATIONAL PROPERTY MGMT & DEV.  
2415-10TH AVE. N  
LAKE WORTH FL 33461

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip County

28 Zip County

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/18/1988

3a. Date of Last Report

04/18/1995

4. FET Number

65-0052143

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. 190.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

IPM INTERNATIONAL PROPERTY MGMT. & DEV.  
2415 - 10TH AVE NORTH  
LAKE WORTH FL 33461

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 612.04 and 612.05, 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. The change was authorized by the corporation's board of directors. The change is the appointment as registered agent of a family unit, and accept the obligations of Section 612.04(2)(b), Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I do hereby certify that the information provided in this report is true and correct to the best of my knowledge and belief, and that my name appears in Block 12 or Block 13 of a true and correct copy of the report.

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SIGNATURE:

SIGNATURE AND TYPE OF OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

Rainer Scherbaum

4/8/96

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CR2E034 (12/95)