

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 # **K24887 (7)**
1. Corporation Name
WEISS & WOOLRICH SOUTHERN ENTERPRISES, INC.



Principal Place of Business
**% ROBERT D. SCHARF
2085-W N POWERLINE ROAD
POMPANO BEACH FL 33065-2059**

Mailing Address
**% ROBERT D. SCHARF
2085-W N POWERLINE ROAD
POMPANO BEACH FL 33065-2059**

3. Date Incorporated or Qualified **05/27/1988** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 **1431 SW 30TH AVENUE**
Suite, Apt. #, etc.
22
City & State
23 **DEERFIELD BEACH, FLORIDA**
Zip Country
24 **33442** 25 **U.S.**

2a. Mailing Address
26 **1431 SW 30TH AVENUE**
Suite, Apt. #, etc.
27
City & State
28 **DEERFIELD BEACH, FLORIDA**
Zip Country
29 **33442** 30 **U.S.**

4. FEI Number **65-0056654** 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

9. Name and Address of Current Registered Agent

**WEISS, JULIUS
5701A SPINDLE PALM CT.
DELRAY BEACH FL 33484**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not 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 *Julius Weiss Sec/Treas* **JULIUS WEISS SEC/TREAS** **4-25-96**
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	<input type="checkbox"/> DELETE
NAME	WEISS, JEFF
STREET ADDRESS	91 BRENTWOOD RD.
CITY-ST-ZIP	VALLEY STREAM NY
TITLE	<input type="checkbox"/> DELETE
NAME	WEISS, JULIUS
STREET ADDRESS	5701A SPINDLE PALM CT
CITY-ST-ZIP	DELRAY BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	VICE PRESIDENT
STREET ADDRESS	GEMBALA, HENRY
CITY-ST-ZIP	18109 CLEARBROOK CIRCLE
	BOCA RATON, FLORIDA 33498
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 type="checkbox"/> Change: <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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: *Julius Weiss D* **JULIUS WEISS SEC/TREAS** **4-25-96** **904-419-9339**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)