

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

FILED

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

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # K25648 (2)
1. Corporation Name
THE WEINBACH GROUP, INC.



| | |
|--|---|
| Principal Place of Business 10201 S.W. 121ST STREET MIAMI FL 33176 | Mailing Address 10201 S.W. 121ST STREET MIAMI FL 33176-4838 |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 06/08/1988 | 3a. Date of Last Report 04/23/1996 |
| 4. FEI Number 65-0053347 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---------------------------------|-------------------------|
| 21. Principal Place of Business | 2a. Mailing Address |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. |
| 23. City & State | 28. City & State |
| 24. Zip | 29. Zip |
| 25. Country | 30. Country |

9. Name and Address of Current Registered Agent

**KRAMER, ROBERT M.
200 S. PARK RD
SUITE 460
HOLLYWOOD FL 33021**

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 |

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 | D | <input type="checkbox"/> DELETE |
| NAME | WEINBACH, DANIEL | |
| STREET ADDRESS | 438 NE 92ND STREET | |
| CITY - ST - ZIP | MIAMI SHORES FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | WEINBACH, ELAINE R. | |
| STREET ADDRESS | 10201 SW 121ST ST. | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WEINBACH, DOUGLAS W | |
| STREET ADDRESS | 130 PINE RISE COURT | |
| CITY - ST - ZIP | ALPHARETTA GA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WEINBACH, LISA S | |
| STREET ADDRESS | 130 PINE RISE COURT | |
| CITY - ST - ZIP | ALPHARETTA GA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | RANDI WEINBACH | |
| STREET ADDRESS | 478 NE 92ND STREET | |
| CITY - ST - ZIP | MIAMI SHORES FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | WEINBACH, N. Phillip |
| 1.3 STREET ADDRESS | 10201 S.W. 121 ST. |
| 1.4 CITY - ST - ZIP | MIAMI, FL 33176 |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | ALPHARETTA, GA |
| 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: Elaine Weinbach 4/18/97 305/233-3591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Time Phone #

CR2E034 (9/96)