FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:25

DO NOT WRITE IN THIS SPACE.

DOCUMENT # K46606 (5)

1. Corporation Name
PETER WEISS, INC.

Principal Place of Business	Mailing Address
% C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324	% C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324

2. Principal Place of Business	2a. Mailing Address
21 13782 Monaco Way	26 13782 Monaco Way
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Palm Beach Gardens, FL	28 City & State: Palm Beach Gardens, FL
24 Zip: 33410 — 25 Country: USA	29 Zip: 33410 — 30 Country: USA

3. Date Incorporated or Qualified: 11/21/1988
3a. Date of Last Report: 03/15/1994
4. FEI Number: 65-0085944 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 ______ DATE ______

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1 1 TITLE	☐ Change ☐ Addition
NAME	WEISS, PETER	1 2 NAME	
STREET ADDRESS	13782 MONACO WAY	1 3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GRDNS FL	1 4 CITY-ST-ZIP	
TITLE	P	2 1 TITLE	☐ Change ☐ Addition
NAME	WEISS, PETER	2 2 NAME	
STREET ADDRESS	13782 MONACO WAY	2 3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	2 4 CITY-ST-ZIP	
TITLE	S	3 1 TITLE	☐ Change ☐ Addition
NAME	WEISS, L. CYNTHIA	3 2 NAME	
STREET ADDRESS	13782 MONACO WAY	3 3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Peter Weiss — 3/1/95 — 407 627 9285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0333083 CP