

0072566

CR2E034 (5/99)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 30, 1999 8:00 am
Secretary of State

07-30-1999 90005 021 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K46606

1. Corporation Name

PETER WEISS, INC.

Principal Place of Business

**13782 MONACO WAY
PALM BEACH GARDENS FL 33410
US**

Mailing Address

**13782 MONACO WAY
PALM BEACH GARDENS FL 33410
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1988

4. FEI Number

65-0085944

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.**22** City & State**24** Zip**25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.**27** City & State**29** Zip**30** Country

9. Name and Address of Current Registered Agent

**WEISS, PETER
13782 MONACO WAY
PALM BEACH GARDENS FL 33410**

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

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 **D** ☐ DELETE**NAME WEISS, PETER
STREET ADDRESS 13782 MONACO WAY
CITY-ST-ZIP PALM BCH GRDNS FL**TITLE **P** ☐ DELETE**NAME WEISS, PETER
STREET ADDRESS 13782 MONACO WAY
CITY-ST-ZIP PALM BEACH GARDENS FL**TITLE **S** ☐ DELETE**NAME WEISS, L. CYNTHIA
STREET ADDRESS 13782 MONACO WAY
CITY-ST-ZIP PALM BEACH GARDENS FL**TITLE ☐ DELETE**NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE ☐ DELETE**NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE ☐ DELETE**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

SIGNATURE REQUIRED

7/30/99

561-627-9289