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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # K51332**

1. Corporation Name

WEINGOLD SERVICES, INC.

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90141 050 \*\*\*150.00



Principal Place of Business Mailing Address  % C T CORPORATION SYSTEM 7040 W. PALMETTO PARK RO 1200 S. PINE ISLAND ROAD BOCA RATON FL 33433 PLANTATION FL 33324			DAD. SUITE #2413		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					12/14/1988		
2. Principal P	lace of Business	2a. Mailing Address	· <del>-</del>		4. FEI Number		plied For
21 5111 66th Street N. 26					31-1257570		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A	l I
22 Suite 513 27 City & State City & State					6. Election Campaign Financing	\$5.00	
23 St. Petersburg, FL 28					Trust Fund Contribution	Added to	
			Country		8. This corporation owes the current year Intal		
24 33709 25 USA 29 30			1		1		□No _
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered A	gent	
540	0014 MADELLEN		81	Name			
FACSINA, MARIELLEN			82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
4009 EAGLE CT PALM HARBOR FL 33504						<u>.                                    </u>	
PALI	W HARBON FL 33304		83				
			84	City		85 Zip C	ode
<u></u>					<u>FL</u>	hanaina ita	ragistared
office or n	egistered agent, or both, in the State	of Florida. Such change was autho	orized by th	named corpoi ne corporation	ration submits this statement for the purpose of c r's board of directors. I hereby accept the appoint	iment as reç	gistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florida	Statutes.				`
SIGNATURE		(NOTE: Dec		signature required v	when (einstating) DATE		
12.	Signature, typed or printed name of registered ego OFFICERS AI	ND DIRECTORS	13.	signature required t	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	WEINGOLD, JACK		1.2 NAME				i
STREET ADDRESS	3806 NW 65TH LANE		1.3 STREET A	DDRESS			Ì
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-	ZIP	·		
TITLE	S	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	WEINGOLD, SUSAN		22 NAME				}
STREET ADDRESS	3806 NW 65TH LANE		2.3 STREET A	ODRESS			
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY-ST-	ZIP			
TITLE	AS	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	FISHER, STANLEY M	_	3.2 NAME				
STREET ADDRESS	925 EUCLID AVE., SUITE 1100	)	3.3 STREET A				
CITY-ST-ZIP	CLEVELAND OH 44115	Fine	3.4. CITY-ST-	ZIP		☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE				
NAME			4. 2 NAME	DODESC			
STREET ADDRESS			4.3 STREET A	1	·		
CITY-ST-ZIP		☐ DELETE	4.4 C/TY-ST- 5.1 TITLE	<u> </u>		Change	Addition
TITLE		C) proc.c	5.2 NAME				_
NAME STREET ADDRESS			5.3 STREET A	DORESS	•		
STREET ADDRESS			5.4 CITY-ST-				ļ
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME		_	6.2 NAME				İ
STREET ADDRESS			6.3 STREET A	DORESS	·		1
J.I.L. ADDITION			CACITY ST.	710			

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 affactment with an address, with all other like empowered.

SIGNATURE:

Jack Weingold

02/09/99