## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

**DOCUMENT #** 

K54680

(9)

WEITZMAN & PHILIP, INC.										
Principal Place	of Business	Mailing Address					60H 616H 6H	fii nenei ninii	Alan Alan toar	
C/O CALIFORNIA CLUB MALL 850 IVES DAIRY ROAD MIAMI FL 33179  C/O CALIFORNIA CLUB 850 IVES DAIRY ROAD MIAMI FL 33179						3. Date Incorporated or Qualified   3a. Date of Last Report   12/28/1988   04/21/1995			•	7
						12/28/1988 4. FEI Number	L U			
2. Principal Pla	ace of Business	2a. Mailing Address	F			4. FEI Number Applied For 65-0088723 Not Applicate				$\exists$
21		26 Cuito Apt # sto				\$8.75 Additional				$\dashv$
Suite, Apt. #	a, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Required		
City & State		<del></del>	City & State			6. Election Campaign Financing	<del></del>	\$5.00	) May Be	ヿ
23	•	28				Trust Fund Contribution		•	to Fees	
Zip	Country	Zip				8. This corporation has liability for in		ax under s	199.032	
24	25	. 29	30			Florida Statutes				
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New R	egistered	Agent		$\dashv$
			1	81	Name					
PHILIP,		}	82	Street Addre	ddress (P.O. Box Number is Not Acceptable)			7		
850 IVE	S DAIRY ROAD				<del></del>					-
MIAMi I	FL 3317 <del>9-94</del> 27			83						
				84	City		FL	85 Zıçı	Code	٦
or register familiar wit	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authorization 607.0505, Florida Statute	red by the c s.	orpo	ration's board	ation submits this statement for the pur d of directors. I hereby accept the appo	ointment as	anging its re registered	egistered offic agent. I am	
<del></del>	Signature, typed or printed name of rugistered ager	nt and title if applicable (NO ND DIRECTORS	13.	Agort	signature required	when reinstating: ADDITIONS/CHANGES TO OFFI	CERS AND	3 DIBECTO	BS IN 12	$\dashv \S$
12.	T	DELETE	111	TI F		ABOTTOTION AND TO OTHER		Change	Addition	100000
NAME	DUILID DANIEL H		1.2 N <sup>4</sup>				•	_ '	-	
STREET ADDRESS	PHILIP, DANIEL H. 3763 NE 208 TERR				ADDRESS					- [8
CiTY-ST-ZiP	MIAMI FL 33180			TY-ST						į
TIFLE	D	□ DELETE	2 1 10		· <del>··</del>		1	Change	☐ Addition	7
NAME	PHILIP, JANE R.		2.2 N/	AME						
STREET ADDRESS	3763 NE 208 TERR		2.3 51	2.3 STREET ADI						
CITY-S1-ZIP	MIAMI FL 33180		2 4 CI	TY-ST	- ZiP	19				
TITLE		☐ DELETE	3. 1 T					Change	Addition	
NAME			3 2 N/	AME						
STREET ADDRESS			33 S	TREET	ADDRESS					
CITY - ST - ZIP	l		34 C)	IY-SI	- ZIP					$\Box$
TITLE		☐ DELETE	4.1T	4. 1 TITLE			i	☐ Change	☐ Addition	
NAME			4.2 N	AME						
STREET ADDRESS			4.3 S	TREE I	ADDRESS					
CHTY-ST-ZIP	•			4.4 CITY - ST - ZIP					- A 1 200	
TITLE		☐ DELETE		5 1 TITLE			1	☐ Change	Addition	
NAME			52 N							
STREET ADDRESS			538	TREET	address					
C(TY - ST - Z(P				11Y-S1	-ZIP			P-1 Ob	- A339***	$\dashv$
TITLE		☐ DELETE		6 1 TITLE				Change	☐ Addition	
NAME			62 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				ITY - S1		or the exemption stated in Section 119	DZIOVIA EI	osido Statu	too I further	
dd Inla basal										

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:

CAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 305-653-6323