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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Į.	COIDCIGNO	MENT # L13493 M WEITZ MANAGEMENT C	` '				18 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	
Principal Place of Business Mailing Address						I FODATION DON HERD MARK BLOKO ADAM A		IDII OHTII IDDI
7400 RADICE COURT			7400 RADICE COURT					
LAUDERHILL FL \$3319			LAUDERHILL FL 33319					
							E IN THIS SPACE	4.6.4
						3. Date Incorporated or Qualified		
9	Principal Pl	lace of Business	2a, Mailing Address			08/31/1989 4. FEI Number		
21	r (morpari	26				65-0148055	}~ +	Applied For Not Applicable
	Suite, Apt.	e, Apt. #, etc. Suite, Apt. #, etc.					¢0.70	Additional
22						5. Certificate of Status Desired		Required
	City & State	ty & State City & State				6. Election Campaign Financing	\$5.0	O May Be
23			28			Trust Fund Contribution		d to Fees
_	Zip	Country	Z _I p	Count	ry	8. This corporation owes or has p		
24		25 25 Name and Address of Curre	nt Registered Agent	30		Personal Property Tax due June 10. Name and Address of New Re		□ No
	WE	ITZ, WILLIAM	in negletered Agent	8	1 Name	10. Hame and Address of New Hi	agistaraa Agant	
7400 RADICE CT. LAUDERHILL FL 33319				8	3	idress (P.O. Box Number is Not Accepta		p Code
SIG	agent i ar	m tamiliar with, and accept the oblig	ret and lete? applicable (NC	lorida Statut	es.	orporation submits this statement for the ration's board of directors. I hereby acce	DATE	
12.	OFFICERS AND DI			13.		ADDITIONS/CHANGES TO OFFI		
TITU		WEITZ, WILLIAM		1.1 TITLE			Change	Addition
NAME DIOSET ADDOSES		7400 RADICE COURT		1.2 NAME				
	ET ADDRESS	LAUDERHILL FL			ET ADDRESS			
TITU	-ST-ZIP	DVS	DELETE	1.4 CITY - 2.1 TITLE			Change	Addition
NAM	- 1	WEITZ, SHIRLEY		2.1 IIILL 2.2 NAMI			L CHAINGE	, My vocation
	ET ADDRESS	7400 RADICE COURT		I -	ET ADDRESS			
	-ST-ZIP	LAUDERHILL FL		2.4 City		, ·-	žr.	
TITLE			DELETE	3.1 TITLE			Change	Addition
NAM	E			3.2 NAME			- •	_
STRE	ET ADDRESS			3.3 STREE	ET ADDRESS			
CITY	-ST-ZIP			3.4. CITY	- ST- ZIP			
TITU	:	-	☐ DELET E	4.1 TITLE			☐ Change	Addition
NAM	E			4. 2 NAM	E			
STRE	ET ADDRESS			4.3 STREE	ET ADDRESS			
	-ST-ZIP			4.4 CITY-	S1-ZIP			
TITLE			DELETE	5.1 TITLE			☐ Change	Addition
NAM	E			5.2 NAME				
STRE	ET ADDRESS			5.3 STREI	ET ADDRESS			
_	-ST-ZIP			5.4 CITY-				
TITLE			☐ DELETE	6.1 TITLE			Change	Addition
NAM				6.2 NAME				
	ET ADDRESS		•	6.3 STREE	T ADDRESS			

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 supply-mental 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 of the receiver or trustee emplowered 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 objects.

FILED

Apr 29 1998 8:00am

Secretary of State