


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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # LA3060 (7)					
1. Corporation Name WEARNO CORPORATION					
Principal Place of Business 1650 NW 23 AVE FT. LAUDERDALE, FL 33311			Mailing Address 1650 NW 23 AVE FT. LAUDERDALE, FL 33311		
2. Principal Place of Business 21 2740 E. OAKLAND PARK BVD Suite, Apt. #, etc. 204 City & State FT. LAUDERDALE, FL Zip 33306 Country US			2a. Mailing Address 26 2740 E. OAKLAND PARK BVD Suite, Apt. #, etc. 204 City & State FT. LAUDERDALE, FL Zip 33306 Country US		
3. Date Incorporated or Qualified 01/11/1990			3a. Date of Last Report		
4. FEI Number 69-0169147			Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$5.00 May Be Added to Fees		
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent WEINER, EUGENE 2841 N. OCEAN BVD #1604 FT. LAUDERDALE, FL 33306			10. Name and Address of New Registered Agent 81 Name EUGENE WEINER 82 Street Address (P.O. Box Number is Not Acceptable) 2740 E. OAKLAND PARK BVD #204 83 84 City FT. LAUDERDALE FL 85 Zip Code 33306		
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 <u>EUGENE WEINER</u> PRESIDENT 4/16/97 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE VPTD NAME WEINER, EUGENE STREET ADDRESS 2841 N. OCEAN BVD CITY-ST-ZIP FT. LAUDERDALE, FL <input type="checkbox"/> DELETE			1.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME EUGENE WEINER 1.3 STREET ADDRESS 2841 N. OCEAN BVD #1604 1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33306		
TITLE T NAME MABEL POSTANT STREET ADDRESS 2841 N. OCEAN BVD CITY-ST-ZIP FT. LAUDERDALE, FL <input type="checkbox"/> DELETE			2.1 TITLE TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME MABEL POSTANT 2.3 STREET ADDRESS 2841 N. OCEAN BVD #1604 2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33306		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			3.1 TITLE SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME PENNY L. VENEYER 3.3 STREET ADDRESS 190 SW 77 AVE 3.4 CITY-ST-ZIP MARGATE, FL 33068		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			4.1 TITLE VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME WAYNE P. VENEYER 4.3 STREET ADDRESS 933 SW 56 AVE 4.4 CITY-ST-ZIP MARGATE, FL 33068		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
14. I do 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.			100002149311 -04/21/97--01115--021 ***173.75		
SIGNATURE: <u>EUGENE WEINER</u>			4/16/97 (954) 560-6765		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		