


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

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90030 050 \*\*\*150.00

031311

|                                                |                                                                                   |                                                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1999 |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

DOCUMENT # L51009

1. Corporation Name  
WEITZER HOUSING CORPORATION

Principal Place of Business  
% HARRY WEITZER  
5901 NW 151 STREET, STE 120  
MIAMI LAKES FL 33014  
US

Mailing Address  
P.O. BOX 4450  
5901 NW 151 STREET, STE 120  
MIAMI LAKES FL 33014  
US

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                               |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 14505 COMMERCE WAY<br>Suite, Apt. #, etc.<br>22 #400<br>City & State<br>23 MIAMI LAKES, FL<br>Zip Country<br>24 33016 25 | 2a. Mailing Address<br>26 14505 COMMERCE WAY<br>Suite, Apt. #, etc.<br>27 #400<br>City & State<br>28 MIAMI LAKES, FL<br>Zip Country<br>29 33016 30 | 3. Date Incorporated or Qualified<br>02/19/1990<br>4. FEI Number<br>65-0176481<br>Applied For<br>Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

WEITZER, HARRY  
5901 NW 151 STREET  
SUITE 120  
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name  
JOHNSTON, PATRICE M.  
82 Street Address (P.O. Box Number is Not Acceptable)  
14505 COMMERCE WAY  
83 #400  
84 City  
MIAMI LAKES FL 85 Zip Code  
33016

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

Patrice M. Johnston

4/2/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

|                                                                                                                                                                                |                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS                                                                                                                                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>PD<br>WEITZER, HARRY<br>5901 NW 151 STREET, STE 120<br>MIAMI LAKES FL 33014<br><input type="checkbox"/> DELETE               | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>VT<br>RICE, SHERYL S.<br>14505 COMMERCE WAY<br>MIAMI LAKES, FL 33016<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>VPD<br>KLEINERMAN, PETER<br>5901 NW 151ST ST SUITE 120<br>MIAMI LAKES FL 33014<br><input checked="" type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>V<br>ROSEWATER, JAMES P.<br>14505 COMMERCE WAY<br>MIAMI LAKES, FL 33016<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>VPD<br>SPEIZER, HARRY<br>5901 151 ST ST SUITE 120<br>MIAMI LAKES FL 33014<br><input checked="" type="checkbox"/> DELETE      | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br><br><br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>VPT<br>DWIER, EDWARD W<br>5901 NW 151ST ST SUITE 120<br>MIAMI LAKES FL 33014<br><input checked="" type="checkbox"/> DELETE   | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br><br><br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>S<br>JOHNSTON, PATRICE M<br>5901 NW 151ST ST SUITE 120<br>MIAMI LAKES FL 33014<br><input type="checkbox"/> DELETE            | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>AVPS<br>JOHNSTON, PATRICE M.<br>14505 COMMERCE WAY<br>MIAMI LAKES, FL 33016<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><br><br><br><br><input type="checkbox"/> DELETE                                                                              | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP<br><br><br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                           |

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrice M. Johnston

4/2/99

305 819 4663

Date

Daytime Phone #

CR2E034 (11/98)