

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

'95 APR 25 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L66391 (8)

1. Corporation Name

WEITZER HAMMOCKS PATIOS, INC.

Principal Place of Business

% HARRY WEITZER
4900 SW 72ND AVE. SUITE 401
MIAMI FL 33155

Mailing Address

% HARRY WEITZER
4900 SW 72ND AVE. SUITE 401 --
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/19/1990

3a. Date of Last Report

04/20/1994

4. FEI Number

65-0189092

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 5901 NW 151 Street

Suite, Apt. #, etc.

22 Suite 120

City & State

23 Miami Lakes, Florida

Zip

24 33014

Country

25 USA

2a. Mailing Address

26 5901 NW 151 Street

Suite, Apt. #, etc.

27 Suite 120

City & State

28 Miami Lakes, Florida

Zip

29 33014

Country

30 USA

9. Name and Address of Current Registered Agent

WEITZER, HARRY
4900 SW 72ND AVE.
SUITE 401
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

Weitzer, Harry

82 Street Address (P.O. Box Number is Not Acceptable)

5901 NW 151 Street

83

Suite 120

84

City
Miami Lakes

FL

85 Zip Code

33014

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent Signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

WEITZER, HARRY

STREET ADDRESS

4900 SW 72ND AVE., #401

CITY - ST - ZIP

MIAMI FL --

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

5901 NW 151 Street, Suite 120

1.4 CITY - ST - ZIP

Miami Lakes, Florida 33014

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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)(b), 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 or liquidator 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 original name.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harry Weitzer

4/17/95 (305) 819-4663

Date

Signature (Printed)