


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

FILED

Jan 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																								
DOCUMENT # L75011 (1) 1. Corporation Name SAMUEL J. WEISS, PROFESSIONAL ASSOCIATION																												
Principal Place of Business 1111 E. AMELIA ST. ORLANDO FL 32803 US			Mailing Address 1111 E. AMELIA ST. ORLANDO FL 32803-5327 US																									
2. Principal Place of Business 21 Suite, Apt. #, etc 165 W. Jessup Ave 22 City & State Longwood FL 23 Zip 32750		2a. Mailing Address 26 Suite, Apt. #, etc 165 W. Jessup Ave 27 City & State Longwood FL 28 Zip 32750		3. Date Incorporated or Qualified 05/23/1990 3a. Date of Last Report 06/13/1996 4. FEI Number 59-3017851 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																								
9. Name and Address of Current Registered Agent WEISS, SAMUEL J. 1111 E. AMELIA ST. ORLANDO FL 32803			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 165 W. Jessup Ave 83 84 City Longwood FL 85 Zip Code 32750																									
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																												
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>WEISS, SAMUEL J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1111 E. AMELIA ST.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO FL</td> <td></td> </tr> </table>						TITLE	D	<input type="checkbox"/> DELETE	NAME	WEISS, SAMUEL J.		STREET ADDRESS	1111 E. AMELIA ST.		CITY - ST - ZIP	ORLANDO FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>165 W. Jessup Ave</td> </tr> <tr> <td>1.4 CITY - ST - ZIP</td> <td>Longwood FL 32750</td> </tr> </table>			1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS	165 W. Jessup Ave	1.4 CITY - ST - ZIP	Longwood FL 32750
TITLE	D	<input type="checkbox"/> DELETE																										
NAME	WEISS, SAMUEL J.																											
STREET ADDRESS	1111 E. AMELIA ST.																											
CITY - ST - ZIP	ORLANDO FL																											
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																											
1.2 NAME																												
1.3 STREET ADDRESS	165 W. Jessup Ave																											
1.4 CITY - ST - ZIP	Longwood FL 32750																											

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)