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

STREET ADDRESS

SIGNATURE:

CITY ST ZIP

Apr 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L87160 (2) **EDWARD WEITZ, INC.** Principal Place of Business Mailing Address 7239 CORAL WAY 7239 CORAL WAY MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/16/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0209068 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be m 23 Trust Fund Contribution Added to Fees Ζıρ Z(p)Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\sime\) No 24 Personal Property Tax due June 30. 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WEITZ, EDWARD M 7239 CORAL WAY 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33155** 83 City Zip Code 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 egent, 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) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRI CTORS 13. DELETE Addition Change TITLE 1.1 TOLE WEITZ, EDWARD M. NAME 1.2 NAME 10745 SW 73RD COURT STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE WEITZ, LINDA 2.2 NAME NAME 10745 SW 73 COURT STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33156 CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 43 STREET ADDRESS 4.4 CHTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TIFLE 62 NAME

> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 suppliemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or or an attachment with in address.

SIGNATURE:

LIVIA WEITTZ 3/50/98 (305) 264-2050

FILED