

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

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 1. Corporation Name WEITZER REALTY COMPANY	MO3947
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Principal Place of Business 5901 NW 151 Street Suite 120 Miami Lakes, FL 33014	Mailing Address P.O. Box 4550 Miami Lakes, FL 33014
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2. Principal Place of Business 21 5901 NW 151 Street Suite, Apt. #, etc. 22 Suite 120 City & State 23 Miami Lakes, FL Zip 24 33014	2a. Mailing Address 26 P.O. Box 4550 Suite, Apt. #, etc. 27 City & State 28 Miami Lakes, FL Zip 29 33014 Country 30 USA
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3. Date Incorporated or Qualified 8/14/84	3a. Date of Last Report 4/95
4. FEI Number 59-2641780	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent Weitzer, Harry 5901 NW 151 Street Suite 120 Miami Lakes, FL 33014	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	500002170355 -05/08/97--01001--037
84 City	***165.00 FL 85 Zip Code

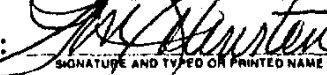
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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's signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DP ☐ DELETE
NAME	Weitzer, Harry
STREET ADDRESS	5901 NW 151 Street
CITY-STATE-ZIP	Miami Lakes, FL 33014
TITLE	VPS ☒ DELETE
NAME	Burnside, Estelle
STREET ADDRESS	5901 NW 151 Street, #120
CITY-STATE-ZIP	Miami Lakes, FL 33014
TITLE	AS ☒ DELETE
NAME	Pitchon, Vivian E.
STREET ADDRESS	5901 NW 151 Street, #120
CITY-STATE-ZIP	Miami Lakes, FL 33014
TITLE	V/AS ☒ DELETE
NAME	Coren, George, J.
STREET ADDRESS	5901 NW 151 Street, #120
CITY-STATE-ZIP	Miami Lakes, FL 33014
TITLE	AS ☐ DELETE
NAME	Dominguez, Nancy
STREET ADDRESS	5901 N.W. 151 Street, #120
CITY-STATE-ZIP	Miami Lakes, FL 33014
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	V/T/AS ☐ Change ☒ Addition
12 NAME	Kleinerman, Peter
13 STREET ADDRESS	5901 NW 151 Street, #120
14 CITY-STATE-ZIP	Miami Lakes, FL 33014
21 TITLE	V ☐ Change ☒ Addition
22 NAME	Rosewater, James P.
23 STREET ADDRESS	5901 NW 151 Street, #120
24 CITY-STATE-ZIP	Miami Lakes, FL 33014
31 TITLE	Corporate Controller ☐ Change ☒ Addition
32 NAME	Hart, Timothy S.
33 STREET ADDRESS	5901 NW 151 Street, #120
34 CITY-STATE-ZIP	Miami Lakes, FL 33014
41 TITLE	V/S ☐ Change ☒ Addition
42 NAME	Speizer, Harry
43 STREET ADDRESS	5901 NW 151 Street, #120
44 CITY-STATE-ZIP	Miami Lakes, FL 33014
51 TITLE	V ☐ Change ☒ Addition
52 NAME	Feldsteen, Leigh
53 STREET ADDRESS	5901 NW 151 Street, #120
54 CITY-STATE-ZIP	Miami Lakes, FL 33014
61 TITLE	AV ☐ Change ☒ Addition
62 NAME	Johnston, Patrice M.
63 STREET ADDRESS	5901 N.W. 151st Street, #120
64 CITY-STATE-ZIP	Miami Lakes, FL 33014

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated in 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. 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 or Block 14, or on an attachment with an address.

SIGNATURE:  **PATRICE M. JOHNSTON** 4/24/97 305-819-4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

5/5/97