

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

FILED

Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M03947** (2)
1. Corporation Name
WEITZER REALTY COMPANY

Principal Place of Business 5901 NW 151ST STREET SUITE 120 MIAMI LAKES FL 33014 US	Mailing Address P O BOX 4550 MIAMI LAKES FL 33014 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/14/1984	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-2641780	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WEITZER, HARRY 5901 NW 151ST STREET SUITE 120 MIAMI LAKES FL 33014				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	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

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

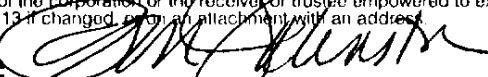
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEITZER, HARRY			1.2 NAME			
STREET ADDRESS	5901 NW 151ST STREET, SUITE 120			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES FL 33014			1.4 CITY-ST-ZIP			
TITLE	VTAS	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KLEINERMAN, PETER			2.2 NAME	KLEINERMAN, PETER		
STREET ADDRESS	5901 NW 151ST STREET			2.3 STREET ADDRESS	5901 N.W. 151ST STREET, #120		
CITY-ST-ZIP	MIAMI LAKES FL 33014			2.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014		
TITLE	AS	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOMINGUEZ, NANCY			3.2 NAME	DOMINGUEZ, NANCY		
STREET ADDRESS	5901 NW 151 STREET			3.3 STREET ADDRESS	5901 N.W. 151st STREET, #120		
CITY-ST-ZIP	MIAMI FL 33014			3.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014		
TITLE	V	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ROSEWATER, JAMES P			4.2 NAME	JOHNSTON, PATRICE M.		
STREET ADDRESS	5901 NW 151ST STREET			4.3 STREET ADDRESS	5901 N.W. 151st STREET, #120		
CITY-ST-ZIP	MIAMI LAKES FL 33014			4.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014		
TITLE	C	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HART, TIMOTHY			5.2 NAME			
STREET ADDRESS	5901 NW 151ST STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES FL 33014			5.4 CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPEIZER, HARRY			6.2 NAME	SPEIZER, HARRY		
STREET ADDRESS	5901 NW 151ST STREET			6.3 STREET ADDRESS	5901 N.W. 151st STREET, #120		
CITY-ST-ZIP	MIAMI LAKES FL 33014			6.4 CITY-ST-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)(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, upon an attachment with an address.

SIGNATURE



PATRICE M. JOHNSTON

4/6/98

305 819 4663

CR2E034 (10/97)