

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

FILED  
Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P17684** (2)

1. Corporation Name  
**WEIGHCO OF FLORIDA, INCORPORATED**

Principal Place of Business <b>2120. ONE MELLON BANK CENTER PITTSBURG PA 15218</b>	Mailing Address <b>2120. ONE MELLON BANK CENTER PITTSBURG PA 15218</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/15/1988</b>	3a. Date of Last Report <b>03/27/1996</b>
21		26		4. FEI Number <b>25-1563232</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 Zip	Country	28 Zip	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEACOCK, D. GRANT</b>	1.2 NAME	<b>PEACOCK, D. GRANT</b>
STREET ADDRESS	<b>107 HAWTHORNE ROAD</b>	1.3 STREET ADDRESS	<b>2045 CLEVELAND STREET EXT.</b>
CITY-ST-ZIP	<b>PITTSBURGH PA</b>	1.4 CITY-ST-ZIP	<b>GREENVILLE, S.C. 29607</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPRAGUE, WILLIAM</b>	2.2 NAME	
STREET ADDRESS	<b>203 FOXHURST DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PITTSBURGH PA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILEY, S. DONALD</b>	3.2 NAME	
STREET ADDRESS	<b>132 RIDING TRAIL LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PITTSBURGH PA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURKE, CHARLES R.</b>	4.2 NAME	
STREET ADDRESS	<b>402 BUCKINGHAM RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PITTSBURGH PA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINEGOLD, ELIZABETH A</b>	5.2 NAME	
STREET ADDRESS	<b>5722 AYLESBORO ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PITTSBURGH PA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BEARD, FREDERICK K</b>	6.2 NAME	<b>PT</b>
STREET ADDRESS	<b>132 SOUTH DRIVE</b>	6.3 STREET ADDRESS	<b>MCSORLEY, RICHARD, J.</b>
CITY-ST-ZIP	<b>PITTSBURGH PA</b>	6.4 CITY-ST-ZIP	<b>3300 FRENCH WOODS ROAD</b>
			<b>CHARLOTTE, N.C. 28269</b>

14. I do 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, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97 704/522-0127

CR2E034 (9/96)