

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

**FILED**

**Jan 27 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 # P19379 (7)**

1. Corporation Name  
**WEINSTEIN BROTHERS INC.**



Principal Place of Business: **111 SKOKIE BLVD. WILMETTE IL 60091**

Mailing Address: **4126 NORLAND AVE. BURNABY BC. CANADA V5G 3S8**

3. Date Incorporated or Qualified: **05/25/1988**

3a. Date of Last Report: **04/25/1996**

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Mailing Address

25. Suite, Apt. #, etc.

26. City & State

27. Zip Country

28. Zip Country

29. Zip Country

30.

4. FEI Number: **36-1941550**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City **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 signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WEINSTEIN, JOEL W.</b>	1.2 NAME	<b>Mark Weinstein</b>
STREET ADDRESS	<b>111 SKOKIE BLVD.</b>	1.3 STREET ADDRESS	<b>111 Skokie Blvd.</b>
CITY-ST-ZIP	<b>WILMETTE IL 60091</b>	1.4 CITY-ST-ZIP	<b>Wilmette IL 60091</b>
TITLE	<b>DCEO</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CUTLER, NORMAN</b>	2.2 NAME	<b>Arthur Grossberg</b>
STREET ADDRESS	<b>111 SKOKIE BLVD.</b>	2.3 STREET ADDRESS	<b>3201 N. 72nd Avenue</b>
CITY-ST-ZIP	<b>WILMETTE IL 60091</b>	2.4 CITY-ST-ZIP	<b>Hollywood, FL 33024</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>S/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LOEWEN, RAYMOND L.</b>	3.2 NAME	<b>Michael L. Schweer</b>
STREET ADDRESS	<b>4126 NORLAND AVE.</b>	3.3 STREET ADDRESS	<b>800-50 E. RiverCenter Blvd.</b>
CITY-ST-ZIP	<b>BURNABY BC., CANADA V5G 3S8</b>	3.4 CITY-ST-ZIP	<b>Covington, KY 41011</b>
TITLE	<b>DAS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>AS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HYNDMAN, PETER S.</b>	4.2 NAME	<b>Timothy A. Birch</b>
STREET ADDRESS	<b>4126 NORLAND AVE.</b>	4.3 STREET ADDRESS	<b>800-50 E. RiverCenter Blvd.</b>
CITY-ST-ZIP	<b>BURNABY BC., CANADA V5G 3S8</b>	4.4 CITY-ST-ZIP	<b>Covington, KY 41011</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEINSTEIN, ROBERT A.</b>	5.2 NAME	
STREET ADDRESS	<b>335 W. DUNDEE RD., #202</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BUFFALO GROVE IL 60089-3545</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDMAN, IRWIN</b>	6.2 NAME	
STREET ADDRESS	<b>111 SKOKIE BLVD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WILMETTE IL 60091</b>	6.4 CITY-ST-ZIP	

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:** Peter S. Hyndman **SIGNATURE REQUIRED** **1/13/97** **(604) 299-9321**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0528637

CR2E034 (9/96)