

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

FILED
Apr 07 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 # **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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/25/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 36-1941550	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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

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	C <input type="checkbox"/> DELETE	1.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEINSTEIN, JOEL W.	1.2 NAME	GREGORY K. ROLLINGS
STREET ADDRESS	111 SKOKIE BLVD.	1.3 STREET ADDRESS	681 NORTH AVENUE
CITY-ST-ZIP	WILMETTE IL 60091	1.4 CITY-ST-ZIP	JONESBORO, GA 30236
TITLE	DCEO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUTLER, NORMAN	2.2 NAME	
STREET ADDRESS	111 SKOKIE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILMETTE IL 60091	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEWEN, RAYMOND L.	3.2 NAME	
STREET ADDRESS	4126 NORLAND AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BURNABY BC., CANADA V5G 3S8	3.4 CITY-ST-ZIP	
TITLE	DAS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYNDMAN, PETER S.	4.2 NAME	
STREET ADDRESS	4126 NORLAND AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BURNABY BC., CANADA V5G 3S8	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTEIN, ROBERT A.	5.2 NAME	
STREET ADDRESS	335 W. DUNDEE RD., #202	5.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO GROVE IL 60089-3545	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, IRWIN	6.2 NAME	
STREET ADDRESS	111 SKOKIE BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WILMETTE IL 60091	6.4 CITY-ST-ZIP	

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, or on an attachment with address.

SIGNATURE:

Peter S. Hyndman 03/23/98 (604) 299-9321

CR2E034 (10/97)