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Apr 27, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P19379

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
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

05/25/1988

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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 owes the current year Intangible
Personal Property Tax. ☐ 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

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

(NONE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	WEINSTEIN, JOEL W.	
STREET ADDRESS	111 SKOKIE BLVD.	
CITY-ST-ZIP	WILMETTE IL 60091	

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	CUTLER, NORMAN	
STREET ADDRESS	111 SKOKIE BLVD.	
CITY-ST-ZIP	WILMETTE IL 60091	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOEWEN, RAYMOND L.	
STREET ADDRESS	4126 NORLAND AVE.	
CITY-ST-ZIP	BURNABY BC., CANADA V5G 3S8	

TITLE	DAS	<input type="checkbox"/> DELETE
NAME	HYNDMAN, PETER S.	
STREET ADDRESS	4126 NORLAND AVE.	
CITY-ST-ZIP	BURNABY BC., CANADA V5G 3S8	

TITLE	P	<input type="checkbox"/> DELETE
NAME	WEINSTEIN, ROBERT A.	
STREET ADDRESS	335 W. DUNDEE RD., #202	
CITY-ST-ZIP	BUFFALO GROVE IL 60089-3545	

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	ROLLINGS, GREGORY K.	
STREET ADDRESS	681 NORTH AVENUE	
CITY-ST-ZIP	JONESBORO GA 30236	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAUL WAGLER	
1.3 STREET ADDRESS	4126 NORLAND AVENUE	
1.4 CITY-ST-ZIP	BURNABY, B.C., CANADA V5G 3S8	

2.1 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JAFFREY L. CASHNER	
3.3 STREET ADDRESS	801 TEAS ROAD	
3.4 CITY-ST-ZIP	CONROE, TX 77303	

4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SEAN M. GILCHRIST	
4.3 STREET ADDRESS	801 TEAS ROAD	
4.4 CITY-ST-ZIP	CONROE, TX 77303	

5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	24100 NORTH HIGHWAY 45	
5.4 CITY-ST-ZIP	VERNON HILLS, IL 60061-3180	

6.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GEORGE M. AMATO	
6.3 STREET ADDRESS	4145-58TH STREET	
6.4 CITY-ST-ZIP	WOODSIDE, NY 11377	

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 an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED PETER S. HYNDMAN

April 20, 1999

(604) 299-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)