

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995**FLORIDA DEPARTMENT OF STATE
Sandra R. Morton
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # P92000015497 (0)**

1. Corporation Name

WEISER, SCHWEIGER & COMPANY, P.A.

Principal Place of Business

Mailing Address

**515 E. LAS OLAS BLVD.
SUITE 950
FORT LAUDERDALE FL 33301****515 E. LAS OLAS BLVD.
SUITE 950
FORT LAUDERDALE FL 33301****APPROVED
AND
FILED****55 MAY -1 PM 10:46****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		25		01/01/1993		05/01/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0378311		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation has liability for intangible tax under S. 189.032, Florida Statutes		☒ Yes ☐ No	
24		29		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAMPLOUGH, KIM
515 E. LAS OLAS BLVD.
SUITE 950
FORT LAUDERDALE FL 33301**

81	Name	WEISER, IRWIN A.
82	Street Address (P.O. Box Number is Not Acceptable)	515 E. LAS OLAS BLVD.
83		SUITE 950
84	City	FORT LAUDERDALE FL
85	Zip Code	33301

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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WEISER, IRWIN, A	1.2 NAME	
STREET ADDRESS	515 E LAS OLAS BLVD., SUITE 950	1.3 STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE FL 33301	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHWEIGER, STANLEY	2.2 NAME	
STREET ADDRESS	515 E LOS OLAS BLVD., STE 950	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL 33301	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Irwin A. Weiser, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRWIN A. WEISER, PRESIDENT**4/28/95 305-545-1040**

(Date)

(Daytime Phone #)