

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martinez  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000005018 (5)**

1. Corporation Name  
**WEINSTEIN ASSOCIATES, INC.**



Principal Place of Business

Mailing Address

**5765 VISTA LINDA LN  
BOCA RATON FL 33433**

**5765 VISTA LINDA LN  
BOCA RATON FL 33433**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WEINSTEIN, BERYL J  
5765 VISTA LINDA LN  
BOCA RATON FL 33433**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

**01/14/1993**

3a. Date of Last Report

**04/10/1995**

4. FEI Number

**65-6116019**

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.014 and 607.15(4), 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 a provision of the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.014(4), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                      | STREET ADDRESS               | CITY-STATE-ZIP       | <input type="checkbox"/> DELETE |
|-------|---------------------------|------------------------------|----------------------|---------------------------------|
| P     | <b>WEINSTEIN, BERYL J</b> | <b>5765 VISTA LINDA LANE</b> | <b>BOCA RATON FL</b> | <input type="checkbox"/>        |
|       |                           |                              |                      | <input type="checkbox"/>        |
|       |                           |                              |                      | <input type="checkbox"/>        |
|       |                           |                              |                      | <input type="checkbox"/>        |
|       |                           |                              |                      | <input type="checkbox"/>        |
|       |                           |                              |                      | <input type="checkbox"/>        |
|       |                           |                              |                      | <input type="checkbox"/>        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|----------------|---------------------------------|-----------------------------------|
|       |      |                |                | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                | <input type="checkbox"/>        | <input type="checkbox"/>          |

14. I do hereby certify that the information supplied to the Department 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 of the corporation, and that my name appears in Block 12 or Block 13 of this report. I am a resident of the State of Florida.

SIGNATURE: *Beryl J. Weinstein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Beryl J. Weinstein**

4/16/96 (407) 368-3470

CR2E034 (12/95)