

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

CORPORATION:
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra P. Northington
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
7/11/95

DOCUMENT # **P93000010943 (7)**

1. Corporation Name:

WEINBERG & COMPANY, P.A.

6. State of Incorporation: **FLORIDA**

7. Date of Incorporation: **1981**

1. Principal Place of Business:

**6100 GLADES ROAD
SUITE 314
BOCA RATON FL 33434
US**

2. Mailing Address:

**6100 GLADES ROAD
SUITE 314
BOCA RATON FL 33434
US**

DO NOT WRITE IN THIS SPACE

3. Date of next period of Qualification: **02/10/1993**

3b. Date of Last Report: **04/28/1994**

4. FEI Number: **65-0386288**

Applied For:
 Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under the 1981 U.S. Florida Statutes: Yes No

2. Principal Place of Business:

21

2a. Mailing Address:

26

State, Apt. # and

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State, Apt. # and

27

City, State

23

City, State

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Zip

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Country

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City

29

Country

30

9. Name and Address of Current Registered Agent

**WEINBERG, BRUCE
450 NW 20TH ST., #215
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

B1 Name:

B2 Street Address (P.O. Box Number is Not Acceptable):

900 HARBOR INN DRIVE

B3

B4 City:

Coral Springs

FL

B5 Zip Code:

33071

11. Pursuant to the provisions of Sections 901, 902, and 903, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. 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 the said law of the State of Florida Statutes.

SIGNATURE:

[Signature]

BRUCE WEINBERG

4/25/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN:

OFF

NAME

**P
WEINBERG, ELLIOTT A
4160 NW 100TH AVE
CORAL SPRINGS FL**

STREET ADDRESS

CITY, STATE

OFF

NAME

STREET ADDRESS

CITY, STATE

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CITY, STATE

14. I, the undersigned, certify that the information provided herein is true and correct, and that I am duly qualified to act as a registered agent for the corporation named in Sections 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, Florida Statutes. I further certify that the information contained herein is true and correct, and that my signature shall have the same legal effect as if made under oath. My fee is \$10.00 and is included in the amount of the filing fee. I am a resident of the State of Florida and I am duly qualified to act as a registered agent for the corporation named in Sections 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, Florida Statutes, and that my name appears on the Florida Department of State's list of registered agents.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95