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

Mailing Address

130 SW 121 TERR

CORAL SPRINGS FL 33071-8036

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Feb 10 1997 8:00am

Secretary of State

Daytime Phone #

## Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

Principal Place of Business

CORAL SPRINGS FL 33071

SIGNATURE:

130 SW 121 TERR

## DOCUMENT # **P93000028214 (3)**1. Corporation Name

WEISSCO DEVELOPMENT, INC.

3. Date Incorporated or Qualified 3a. Date of Last Report 04/15/1993 03/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0408098 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zιο This corporation has liability for intangible tax under s. 199,032, 30 Yes No 24 Florida Statutes 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ₿1 Name WEISS, BARRY 130 SW 121 TERR **B2** Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33071** 83 84 City Zip Code 85 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. Jam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or proved har e of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DPS DELETE Change TITLE 1.1 THILE WEISS, BARRY 12 NAME NAME 130 SW 121 TERR STREET ADDRESS 13 STREET ADDRESS CORAL SPRINGS FL CITY - S1 - ZIP 14 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE 22 NAME NAME STREET ADDRESS 23 STREET ADDRESS CITY - ST - ZIP 2 4 City-St-ZIP DELETE Change Addition TITLE 31 TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY - ST - ZIP DELETE Addition TITLE 41 TITLE Change 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-7iP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 54 CITY - ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-7P 14. I do 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 correctation 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 phangled, or on an artifachment with an address.

SIGNING OFFICER OR DIRECTOR