

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

FILED

May 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

**DOCUMENT # P93000049278 (3)**

1. Corporation Name

**WEINSTEIN & ASSOCIATES, PROFESSIONAL ASSOCIATION**



Principal Place of Business

Mailing Address

**1515 UNIVERSITY DR. SUITE 207  
CORAL SPRINGS FL 33071  
US**

**7880 N UNIVERSITY DR  
SUITE 201  
TAMARAC FL 33321  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/14/1993**

2. Principal Place of Business

2a. Mailing Address

21

26

**1515 UNIVERSITY DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

**SUITE 207**

City & State

City & State

23

28

**CORAL SPRINGS, FL**

Zip

Country

Zip

Country

24

25

29

**33071**

**USA**

4. FEI Number

**65-0454931**

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**

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEINSTEIN, PETER M  
7880 N UNIVERSITY DR  
STE #201  
TAMARAC FL 33321**

81 Name

**ANDREW WEINSTEIN**

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

**1515 UNIVERSITY DR.**

83

**SUITE 207**

84 City

**CORAL SPRINGS**

**FL**

85

Zip Code

**33071**

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

**ANDREW WEINSTEIN - DIRECTOR**

(NOTE: Registered Agent signature required when reinstating)

**4/29/98**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **0** ☒ DELETE  
NAME **WEINSTEIN, PETER M**  
STREET ADDRESS **7880 N UNIVERSITY DR, #201**  
CITY-ST-ZIP **TAMARAC FL**

1.1 TITLE **P/O** ☒ Change ☐ Addition  
1.2 NAME **ANDREW WEINSTEIN**  
1.3 STREET ADDRESS **1515 UNIVERSITY DR. # 207**  
1.4 CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE

**4/29/98**

**(950) 722-7500**

CR2E034 (10/97)