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PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 17 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000075501 (5)

WESTON & WESTON, INC.

Principal Place of Business Mailing Address 12310 W. DIXIE HWY. 12310 W. DIXIE HWY. N. MIAMI FL 33161 N. MIAMI FL 33161 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 1/01/1993 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 65-0447514 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Zip Country Ζŧρ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WESTON, VALERIE 10429 CANOE BROOK CIR Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33498** 83 Zip Code 84 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 reinstalling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ___ Addition ___ DELETE Change 1.1 TITLE TITLE WESTON, VALERIE NAME 1.2 NAME 10429 CANOE BROOK CIR 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 1.4 CITY+ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TITLE WESTON, NORMAN 2.2 NAME NAME 10429 CANOE BROOK CIR STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2.4 CITY-ST-ZiP Change Addition DELETE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 eath; 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