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95 MAY -1 AM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State

DOCUMENT # P94000013282 (6)

1. T. WEISS & ASSOCIATES, INC.

Principal Place of Business:
201 ALHAMBRA CIR
SUITE 1200
CORAL GABLES FL 33134

Mailing Address:
201 ALHAMBRA CIR
SUITE 1200
CORAL GABLES FL 33134

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 02/11/1994
3a. Date of Last Report:

4. FEI Number: 65 04 74344
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

7. This corporation has solely for the purpose of complying with Florida Statutes: ☒ Yes ☐ No

2. Principal Street Address
21

Suite, Apt. # or
22

City & State
23

24 25

2a. Mailing Address
26

Suite, Apt. # or
27

City & State
28

29 30

9. Name and Address of Current Registered Agent

LICKSTEIN, FRED K
201 ALHAMBRA CIR
SUITE 1200
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.1501 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95
1 TITLE 1 NAME 1 STREET ADDRESS 1 CITY-ST-ZIP	PRESIDENT - DIRECTOR ☐ Change ☒ Addition THOMAS A. WEISS 17381 SPRINGTREE LANE BOCA RATON, FL. 33487
2 TITLE 2 NAME 2 STREET ADDRESS 2 CITY-ST-ZIP	☐ Change ☐ Addition
3 TITLE 3 NAME 3 STREET ADDRESS 3 CITY-ST-ZIP	☐ Change ☐ Addition
4 TITLE 4 NAME 4 STREET ADDRESS 4 CITY-ST-ZIP	☐ Change ☐ Addition
5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP	☐ Change ☐ Addition
6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP	☐ Change ☐ Addition

14. I declare, under penalty of perjury, that this information complies with the law, is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an asterisk, or is otherwise associated with an address.

SIGNATURE: Thomas A. Weiss THOMAS A. WEISS 4/27/95 407-750-1336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0139804 CP