FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 APR 27 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000017786 (2)

1. Corporate Name
WEATHERS, INC.

Principal Office Address
782 NW 42ND AVENUE
SUITE 345
MIAMI FL 33126

Mailing Address
782 NW 42ND AVENUE
SUITE 345
MIAMI FL 33126

900001469989
-05/01/95--01087--010
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21
Street Apt. # etc.
22
City, State
23

2a. Mailing Address
26
Street Apt. # etc.
27
City, State
28

4. FEI Number: 65-0566811 — 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

24 25 29 30

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
NUELL, STEPHEN S
782 NW 42ND AVENUE
SUITE 345
MIAMI FL 33126

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 Sections 607.0505 and 607.0508, 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WEATHERS, CHARLES
STREET ADDRESS	782 NW 42ND AVENUE
CITY, STATE, ZIP	MIAMI FL 33126

13. ADDITION, CHANGE OR DELETION OF OFFICERS AND DIRECTORS

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

4/27/95 MS

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall constitute an affirmation that the facts stated herein are true. I am aware that false information submitted to a filing officer for the purpose of obtaining or maintaining registration is a violation of the law and may result in dissolution or withdrawal of the corporation. I am familiar with and I accept the obligations of Section 607.0505, Florida Statutes, and that my name appears above, or on an attached list, as an officer or director of the corporation without conflicting fiduciary or other relationships or purposes.

SIGNATURE: Charles Weathers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-95 (305) 441-1122
DATE PHONE

0121070 CP