

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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05 MAY - 1 11:24

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000021006 (9)

1. Corporation Name
DR. WEISE, INC.

Principal Place of Business
**809 38TH STREET
WEST PALM BEACH FL 33407**

Mailing Address
**P.O. BOX 8085
WEST PALM BEACH FL 33407-8085**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/15/1994	3a. Date of Last Report 05/17/1994
4. FEI Number 65-0473071	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 195(2), Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County
25. County	30. County

9. Name and Address of Current Registered Agent

**WEISE, DENNIS M PH.D.
909 38TH STREET
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address: (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

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. Each 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 607.0503, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	
12.1 NAME STREET ADDRESS CITY ST. ZIP	P WEISE, DENNIS M. 909 38TH ST. WEST PALM BEACH FL
12.2 NAME STREET ADDRESS CITY ST. ZIP	TS WEISE, SARAH 909 38TH ST. WEST PALM BEACH FL
12.3 NAME STREET ADDRESS CITY ST. ZIP	
12.4 NAME STREET ADDRESS CITY ST. ZIP	
12.5 NAME STREET ADDRESS CITY ST. ZIP	
12.6 NAME STREET ADDRESS CITY ST. ZIP	
12.7 NAME STREET ADDRESS CITY ST. ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 NAME STREET ADDRESS CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME STREET ADDRESS CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3 NAME STREET ADDRESS CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 NAME STREET ADDRESS CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 NAME STREET ADDRESS CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME STREET ADDRESS CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7 NAME STREET ADDRESS CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 140.02(4)(a), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed or on an attachment with an address.

SIGNATURE: *Sarah Y. Weise* Sarah Y. Weise 4/20/95 (407) 842-3632
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR