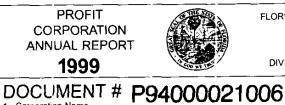
PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name DO WEIGE INC



FLORIDA DEPAFITMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90231 006 ***150.00

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Principal Place	e of Business	M	ailing Address					i in mainden bim chair mente detit motte gotte gett	* 11881 11811		111 5 E 111 (88)	
909 38TH STREET P.O. BOX 8085							į					
WEST PALM BEACH FL 33407 WEST PALM BEACH FL 334				3407- 808 5				DO NOT WRITE IN THE	2.004.05			
								DO NOT WRITE IN THI	5 SPACE			
								3. Date Incorporated or Qualifed 03/15/1994			1	
La be-till Addition								4. FEI Number		Ann	lied For	
2. Principal Place of Business			2a. Mailing Address								Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					\$8.75 Ac ditional				
- 7			27					5. Certificate of Status Desired Fee Required				
City & S ate			City & State					6. Election Campaign Financing \$5.00 May Be				
23		28	-					Trust Fund Contribution			Fees	
Zip	Country		Zip	Cou	intry			8. This corporation owes the current year le			_	
24	25	29		30				Personal Property Tax.	☐ Yes		≦ No	
	9. Name and Address of Curre	nt Regis	stered Agent					10. Name and Address of New Registere	d Agent			
140716	SE DENNIC M DU D				81	Name						
WEISE, DENNIS M PH.D.					82	Street	Ac dre	ss (P.O. Box Number is Not Acceptable)				
909 38TH STREET West Palm Beach FL 33407												
WES	I PALM BEACH FL 33407				83							
					84	City		F	85	Zip C	ode	
					Щ	Ĺ		oration submits this statement for the purpose		a ite t	egistered	
office or r	egistered agent, or both, in the State rn familiar with, and a cept the obligation	of Flori at ons of	da. Such change was f, Section 607.0505, Fl	authorize orida Stat	utes	the corpo	or ation	n's board of directors. I hereby accept the application of directors and directors. I hereby accept the application of directors.	ointinent a		- <u> </u>	
	Signature, typed or printed no me of registered age OFFICERS A			13.	- Ayer	it signature is	- meu	ADDITIONS/CHANGES TO OFFICERS	ND DIRE	стоі	RS IN 12	
TITLE	P	N J DIN	DELETE	1.1 T	TLE		Γ	Abbitt storott into the control of t	Cha		Addition	
NAME	WEISE, DENNIS M.		<u>_</u>	12N		[ĺ	
	909 38TH ST.					r address	l					
STREET ADDR ESS	WEST PALM BEACH FL				лу-ѕ							
CITY-ST-ZIP TITLE	TS		DELETE	2.1 T			<u> </u>		Cha	inge	Addition	
NAME	WEISE, SARAH			2.2 N	AME							
STREET ADDRESS	AND SOTTOLI OT					T ADDRESS	1				Ì	
CITY-ST-ZIP	WEST PALM BEACH FL					ST-ZIP	İ					
TITLE	772011721172		☐ DELETE	3.1 T					Cha	inge	☐ Addition	
NAME				3.2 N	AME		ļ				J	
STREET ADDRESS				3.3 S	TREE	T ADDRESS						
CITY-ST-ZIP				3.4. 0	OTY-S	T-ZIP	<u> </u>					
TITLE			☐ DELETE	4.1 T	ITLE		_		Chi	ange	☐ Addition	
NAME				4.21	AME							
STREET ADDFESS				4.3 S	TREE	T ADDRESS	1					
CITY-ST-ZIP				4.4 0	ITY-S	T-ZIP	ļ					
TITLE			DELETE	5.1 T					Ch:	ange	☐ Add tion	
NAME					AME							
STREET ADDRESS)					TADDRESS	1					
CITY-ST-ZIP						T-ZIP	 			-	☐ Addition	
TITLE			☐ DELETE	6.1 T					Ch	ange	☐ Addition	
NAME					5.2 NAME							
OTDEET ADD SECO	i			6.3 5	TREE	TADDRESS	I					

14. Thereby 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 office or of 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 chang 3d, or on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

STREET ADD RESS

Sarah Y. Weise 4/19/99