


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**97 MAY -5 AM 11:34**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P 94000039096 (6)</b> 1. Corporation Name <b>WEIMAS, INC.</b>			
Principal Place of Business <b>4008 W. Linebaugh Ave Tampa, FL 33624</b>		Mailing Address <b>4008 W. Linebaugh Ave Tampa 33624</b>	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
<b>21</b>	<b>26</b>	<b>5/20/94</b>	<b>5/1/1996</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
<b>22</b>	<b>27</b>	<b>59-3267191</b>	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<b>23</b>	<b>28</b>	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
<b>24</b>	<b>25</b>	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>29</b>	<b>30</b>		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>MAHTANI, MANU 4008 W. Linebaugh Ave TAMPA FL 33624</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		<b>FL</b>	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. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> DELETE <b>D. MAHTANI, MANU</b> 1.2 NAME <b>4008 W. Linebaugh Ave</b> 1.3 STREET ADDRESS <b>Tampa 33624</b> 1.4 CITY-ST-ZIP		2.00002168242 <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>-05/06/97--01117--016</b> <b>****165.00 ****165.00</b>	
2.1 TITLE <input type="checkbox"/> DELETE <b>Sundri M. MAHTANI</b> 2.2 NAME <b>4008 W. Linebaugh Ave</b> 2.3 STREET ADDRESS <b>TAMPA 33624</b> 2.4 CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I declare and 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 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 if changed, or on an attachment with an address.			
<b>SIGNATURE: _____</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>4/29/97</b> Date	
		<b>8139691063</b> Daytime Phone #	

CR2E034 (9/96)