

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000074481 (0)**

1. Corporation Name

JACK WEISSMAN ASSOCIATES, INC.

Principal Place of Business

**1776 N PINE ISLAND RD SUITE 118
PLANTATION FL 33322**

Mailing Address

**1776 N PINE ISLAND RD SUITE 118
PLANTATION FL 33322**



2. Principal Place of Business

21 **5914 REGAL GLEN DR.**

Suite, Apt. #, etc.

22 **#108**

City & State

23 **BOYNTON BEACH, FL**

Zip

24 **FL 33437**

Country

2a. Mailing Address

26 **5914 REGAL GLEN DR.**

Suite, Apt. #, etc.

27 **#108**

City & State

28 **BOYNTON BEACH FL**

Zip

29 **33437**

Country

3. Date Incorporated or Qualified

10/07/1994

3a. Date of Last Report

02/13/1995

4. FEI Number

65-0529101

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**WEISSMAN, HAROLD E SQ
1776 N PINE ISLAND RD SUITE 118
PLANTATION FL 33322**

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 607.0502 and 607.1503, 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:

Signature to be printed in block with the name of the officer or director.

Signature to be printed in block with the name of the officer or director.

DATE:

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **WEISSMAN, JACK**
STREET ADDRESS **1776 N PINE ISLAND RD SUITE 118**
CITY-ST-ZIP **PLANTATION FL 33322**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE **D** ☒ Change ☐ Addition

2. NAME **WEISSMAN, JACK**

3. STREET ADDRESS **5914 REGAL GLEN DR A 108**

4. CITY-ST-ZIP **BOYNTON BEACH, FL 33437** ☐ Change ☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

29. TITLE

30. NAME

14. I do hereby certify that the information supplied with this form is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 in an attachment with this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK WEISSMAN

3/21/96

407-495-6101

Date

Phone Number

CR2E034 (12/95)