

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

FILED

Apr 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000083365 (4)

1. Corporation Name
WEG PLAZA, INC.



Principal Place of Business
6757 SOUTH FEDERAL HWY. #1
PORT ST LUCIE FL 34952

Mailing Address
6757 SOUTH FEDERAL HWY. #1
PORT ST LUCIE FL 34952-1408

3. Date Incorporated or Qualified
11/15/1994
3a. Date of Last Report
06/14/1996

2. Principal Place of Business

21 6785 S. Federal Hwy 1

Suite, Apt. #, etc.

22

City & State
Port St. Lucie, FL

Zip

24 34952

Country

25 St Lucie

2a. Mailing Address

26 6785 S. Fed. Hwy #1

Suite, Apt. #, etc.

27

City & State
Port St. Lucie, FL

Zip

29 34952

Country

30 St. Lucie

4. FEI Number
65-0554056

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

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

9. Name and Address of Current Registered Agent

SMITH, HALBERT
6757 SOUTH U.S. 1
PORT ST LUCIE FL 34952

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SMITH, HALBERT
STREET ADDRESS 6757 SOUTH U.S. 1
CITY-ST-ZIP PORT ST LUCIE FL 34952

TITLE D ☐ DELETE

NAME SMITH, LOIS
STREET ADDRESS 6757 SOUTH U.S. 1
CITY-ST-ZIP PORT ST LUCIE FL 34952

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Address ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 6785 SOUTH U.S. 1

1.4 CITY-ST-ZIP

2.1 TITLE Address ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 6785 SOUTH U.S. 1

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby 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

SIGNATURE:

Signature and typed or printed name of signing officer or director

3-28-97

561-464-9936

CR2E034 (9/96)