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Mar 03 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 # P94000085913 (9)

1. Corporation Name
J.R. WEIGEL, INC.

Principal Place of Business
8445 S.E. FEDERAL HIGHWAY
HOBE SOUND FL 33455

Mailing Address
8445 S.E. FEDERAL HIGHWAY
HOBE SOUND FL 33455-8023



3. Date Incorporated or Qualified 11/21/1994
3a. Date of Last Report 02/23/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 6410 S. Kanner Hwy.		26 6410 S. Kanner Hwy.		65-0534125		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
22 City & State		27 City & State		6. Election Campaign Financing		<input type="checkbox"/> Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
23 Stuart, FL		28 Stuart, FL		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		Zip		Country	
24 34997		25 Martin		29 34997		30 Martin	

9. Name and Address of Current Registered Agent

WEIGEL, PATRICIA ANNE
6131 WINGED FOOT DRIVE
STUART FL 34998

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	6756 SE Pacific Dr.
83	
84 City	Stuart
85 FL	Zip Code 34997

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIGEL, PATRICIA ANNE	1.2 NAME	
STREET ADDRESS	6131 WINGED FOOT DRIVE	1.3 STREET ADDRESS	6756 SE Pacific Dr.
CITY - ST - ZIP	STUART FL 34998	1.4 CITY - ST - ZIP	Stuart, FL 34997
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIGEL, JULIEN R	2.2 NAME	
STREET ADDRESS	6131 WINGED FOOT DRIVE	2.3 STREET ADDRESS	6756 SE Pacific Dr.
CITY - ST - ZIP	STUART FL 34998	2.4 CITY - ST - ZIP	Stuart, FL 34997
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Patricia Anne Weigel* 2-1-97 564-2874695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)