

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

97 JUL 28 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000086505 (2)

1. Corporation Name

PAULINE ENTERPRISES FLORIDA INC.

97-AR
CM



Principal Place of Business

PO BOX 118
HOBE SOUND FL 33478

Mailing Address

PO BOX 1218
HOBE SOUND FL 33478

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 P.O. Box 31908

2a. Mailing Address
26 P.O. Box 31908

3. Date Incorporated or Qualified
11/28/1994

3a. Date of Last Report
06/11/1996

4. FEI Number
65-0535578

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 PALM BEACH GARDENS, FL
Zip 33420

Country
US

28 PALM BEACH GARDENS, FL
Zip 33420

Country
US

9. Name and Address of Current Registered Agent

WEISSMAN, KAREN P
156 NORTH BEACH ROAD
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name PAUL WEISSMAN
82 Street Address (P.O. Box Number is Not Acceptable)
129 GOLFVIEW CT.
83
84 City PALM BEACH GARDENS FL 85 Zip Code 33418

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

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

PAUL WEISSMAN, PRES.

7/23/97

(NOTE: Registered Agent signature required when re-stating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME WEISSMAN, PAUL M
STREET ADDRESS 10531 PINWOOD TERRACE
CITY-ST-ZIP JUPITER FL

TITLE VP ☒ DELETE
NAME WEISSMAN, KAREN P
STREET ADDRESS 10531 PINWOOD TERRACE
CITY-ST-ZIP JUPITER FL

TITLE S ☒ DELETE
NAME WEISSMAN, KAREN P
STREET ADDRESS 10531 PINWOOD TERRACE
CITY-ST-ZIP JUPITER FL

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 P/ST
1.2 NAME WEISSMAN PAUL M
1.3 STREET ADDRESS 129 GOLFVIEW CT.
1.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

2.1 TITLE VP
2.2 NAME ROLAND WEISSMAN, ROLAND J.
2.3 STREET ADDRESS 129 GOLFVIEW CT.
2.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

3.1 TITLE
3.2 NAME 200002259712--2
3.3 STREET ADDRESS -08/06/97--01095--006
3.4 CITY-ST-ZIP ****165.00 ****165.00

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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: *Paul Weissman* (PAUL WEISSMAN) 7/24/97 561-776-7044

CR2E034 (4/97)