SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION



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DEPARTMENT OF STATE.

Sandra B. Mortham

FILED SECRETARY OF STATE

	1996	*** **	OF CORPOR		โลโกเส	ON OF CORP	DRATIONS		
DOCUN 1. Corporation	MENT # P940 0	00090432 (96.9	96 SEP 15 PH 12: 37					
WEBER	HOLDINGS, INC.				 	1141 1146 1146 1111	14 (1) 1/11 1/11 1/11 1/11		
Principal Place	of Business	Mairing Address							
•		4400 PGA BLVD			600001958456 -09/27/9601015014				
4400 PGA BLV SUITE 800		SUITE 800				****225.00 ****225.			
PALM BEACH	GARDENS FL 33410	PALM BEACH GARL	ENS FL 33411	,	 Date Incorporated or Qu 12/13/1994 		ate of Last Report /16/1995		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	SOCOA	Applied For		
11		26			APPLIED FOR	DOW I	Not Applicable \$8.75 Additional		
Suite, Apt i	¥, etc	27 Suite, Apt #, etc	Suite, Apt #, etc			red	Fee Required		
City & State	·	City & State			Election Campaign Finar Trust Fund Contribution	ncing [\$5.00 May Be Added to Fees		
Zip	Country	28	Co	untry	8. This corporation has liab	dity for intang ble	tax under s. 199.032,		
24	25	29	30		Florida Statutes	Yes	No Agast		
	9. Name and Address of Curr	rent Registered Agent		81 Name	10. Name and Address of	New Hegistered	Agent		
HARRIS, J. RICHARD									
	O PGA BLVD			82 Street	Address (P.O. Box Number is Not A	cceptable)	'		
	TE 800	40	[8						
PAL	M BEACH GARDENS FL 334	10		84 City	A12-7-2		85 Zip Code		
		<u></u>		1 7		FL	_		
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Fiorida Sate of Florida Such change	Statutes, the a was authorize	above-named ad by the corp	corporation submits this statement li ioration's board of directors. Thereby	or the purpose of raccept the appr	changing its registered hintment as registered		
agent la	m familial with, and a white ob	of gations of, Section 607.050	05, Florida Sta	itutes		7-18-91	' o		
SIGNATUFIL	Signature is pear or printed name of registrood	t agent and title if applicable	(NOTE Registe	red Agent signature	required when reins' ting)	DATE	T		
12.		AND DIRECTORS	13		ADDITIONS/CHANGES T	O OFFICERS AN	D DIRECTORS IN 12 Change Addition		
TITLE	PTD	DELE		TITLE			Cuards		
NAME	WEBER,RONALD			NAME STREET ADDRESS					
STREET ADDRESS	7010 PINE TREE LÂNE West Palm Beach Fl 33	2406		CITY - S1 - ZIP					
CITY-ST-ZIP TITLE	VPSD	DELE		TILE			Change Addition		
NAME	WEBER, ELEANOR	_	2.2	NAME					
STREET ADDRESS	7010 PINE TREE LANE		. 23	STREET ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL 33			4 CHTY - ST - ZIF			Change Addition		
TITLE		DELF		TITLE NAME					
NAME STREET ADDRESS				STREET ADDRESS					
CHY-ST-ZIP				LOITY+ST-ZIP					
TITLE		DELE	TE 4	torue			Change Addition		
NAME				2 NAME					
STREET ADDRESS			1	STREET ADDRESS					
CITY-ST-ZIP		DELE		1 CITY - ST - ZIF 1 TITLE			Change Addition		
TITLE NAME				2 NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				4 CITY - ST - ZIP			Charige Addition		
		I I DELI	11 E 6	1 TODA	1		Change Addition		

53 STREET ADDRESS
CITY-STUP

14. If do horeby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 1 made under oath, that I am an officer or director of the corporation or thy receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WEST CETT.

The Control of the exemption stated in Section 119 07(3)(k) Florida Statutes. I formation indicated on this annual report is true and accurate and that my signature shall have the same legal effect as 1 made under oath, that I am an officer or director of the corporation or thy receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

The Control of the exemption stated in Section 119 07(3)(k) Florida Statutes I formation in the exemption stated in Section 119 07(3)(k) Florida Statutes I formation in the exemption stated in Section 119 07(3)(k) Florida Statutes I formation in the exemption stated in Section 119 07(3)(k) Florida Statutes I formation in the exemption stated in Section 119 07(3)(k) Florida Statutes I formation in the exemption stated in Section 119 07(3)(k) Florida Statutes I formation in the exemption in the exemption stated in Section 119 07(3)(k) Florida Statutes I formation in the exemption in the exemption

6.2 NAME

6.3 STREET ADDRESS

DELETE

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31	a	W	41	u	п	⊏	

TITLE

NAME