FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000004777

1. Corporation Name

Shops Of Weston Road, Inc.

Principal Place of Business	Mailing Address
1333 S. University Dr. Suite #208 Plantation, FL 33324	1333 S. University Dr. Suite #208 Plantation, FL 33324

2. Principal Place of Business	2a. Mailing Address
21 10021 Pines Blvd.	26 10021 Pines Blvd.
Suite, Apt. #, etc: 22 Suite #101	Suite, Apt. #, etc: 27 Suite #101
City & State: 23 Pembroke Pines, FL	City & State: 28 Pembroke Pines, FL
Zip: 24 33024 — Country: 25 Broward	Zip: 29 33024 — Country: 30 Broward

3. Date Incorporated or Qualified: 01/17/1995
3a. Date of Last Report

4. FEI Number: 65-0550987 — ☐ 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

Gross, Alan H.
1333 S. University Dr.
Suite #208
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 8751 W. Broward Blvd.
83 Suite #406
84 City: Plantation, FL 85 Zip Code: 33324

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Alan H. Gross	
STREET ADDRESS	8751 W. Broward Blvd.	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	VP, Secty, Treas.	☐ DELETE
NAME	Barry Ross	
STREET ADDRESS	10021 Pines Blvd. #101	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
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 ☐ Change ☐ Addition / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition / 2.2 NAME / 2.3 STREET ADDRESS / 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

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14. I do hereby 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 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: ______ 4/3/96 954-437-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Telephone #

SC 4-6-96