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

Mailing Address 130 S.W. 121ST TERRACE

2a. Mailing Address

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CORAL SPRINGS FL 33071-8036

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000023122 (1)

BARRY WEISS, INC.

Principal Place of Business

2. Principal Flace of Business

130 S.W. 121ST TERRACE CORAL SPRINGS FL 33071

Suite, Apl. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State 23 28 Žφ Country Country Zip 30 24 25 29 9. Name and Address of Current Registered Agent 81 Name WEISS, BARRY 130 S.W. 121 TERRACE Street Addres CORAL SPRINGS FL 33071 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpor office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Types or princed hand of registimed agent and little if applicable (NOTE: Registered Agent signature required OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE THEF **WEISS, BARRY** 1.2 NAME NAME 130 S.W. 121ST TERR. 1.3 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071 1.4 CITY-ST-ZIP CITY-ST-ZF DELETE TiTLE 21 TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADORESS 2 4 CITY+ST-ZIP CITY-S1-2IF DELETE Change Addition 3.1 TITL€ TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7(P DELETE Addition ☐ Change TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP City-St-ZiP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAM: STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 City-ST-ZIP CITY-S1-ZIP 14. If 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 supplies entitle 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 eceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED Mar 05 1997 8:00am Secretary of State

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4.	03/22/1995	3a. Date of Last Report 04/04/1996					
	FEI Number 65-0571957		-		plied t App	For licable	
5.	Certificate of Status Desired			75 <i>A</i> ee Re			
	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees				
-	This corporation has liability for in Florida Statutes		x un No	der s.	199.0	032,	
s (P.	O. Box Number is Not Acceptable	le) ,				-	
	· ·	FL	85	Zip (Code		
ation	submits this statement for the poard of directors. I hereby accep	urpose of c t the appoir	hang	ing iti nt as	s regi regist	stered ered	
when r	reinstating)	DATE				······································	

appears in Block 12 or

SIGNATURE: