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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jun 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000033097 (3)

GARY D. WEINER, P.A.

| UAII D | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
|--|--|---|---|--|-------------------|--|--------------------------------|--------------------------------|--------------|--|
| Principal Place | e of Business | Mailing Address | Mailing Address | | | - I INDHANDI IIO FAIAF OLIII OBIIT EDEH EBHR | | HATTA BUTAN IO | | |
| 1701 WEST HILLSBORO BLVD. SUITE 304 DEERFIELD BEACH FL 33442 | | SUITE 304 | 1701 WEST HILLSBORO BLVD. SUITE 304 DEERFIELD BEACH FL 33442-1501 | | | | | | | |
| | | | | | | 3, Date Incorporated or Qualified 04/26/1995 | | e of Last f)1/1996 | Report | |
| 2. Principal Pi | face of Business | 2a. Mailing Address 26 | | | | 4. FEI Number 65-0576284 Applied For Not Applied For | | | | |
| Sulte, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| City & State | e | City & State | <u> </u> | | | 6. Election Campaign Financing | | | | |
| Zip | Country | 28 Zip | Zip Country | | | Trust Fund Contribution LJ Added to Fees 8, This corporation has liability for intangible tax under s. 199.032, | | | | |
| 24 | 25 | -n ' | | , | | Florida Statutes | | | | |
| | 9. Name and Address of Curi | | | | | 10. Name and Address of New Registered Agent | | | | |
| WEI | INER, GARY D | | | 81 | Name | | | | | |
| 170 SUI | | Ì | 82 | Streel Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | ERFIELD BEACH FL 33442 | | | B3 | | | | | | |
| | | | | 84 | City | | FL | 85 Zip | Code | |
| 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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | ils registered s registered | | |
| SIGNATURE | | | | | | | | | | |
| | Signature, typed or printed name of registered | agent and title if applicable. (NO NDD DIRECTORS | | d Age | nt signature requ | ired when reinstating) | DATE | DIDECTO | 00.01.40 | |
| 12. TITLE | D | DELETE | 13. 1.1 Tü | TLF | | ADDITIONS/CHANGES TO OFFICE | | Change | Addition | |
| NAME | WEINER, GARY D | | 1.2 NAME | | 1 | | • | | | |
| STREET ADDRESS | 1701 WEST HILLSBORD BL | VD., SUITE 304 | | | ADDRESS | | | | | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 3344 | | 1.4 CI | | 1 | | | | | |
| TITLE | | | _ | 2.1 TITLE | | | | Change | Addition | |
| NAME | | | 2.2 NAME | | | | | | | |
| STREET ADDRESS | | | 2 3 STREET ADDRESS | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 2. 4 CITY-ST-ZIP | | 1 - ZiP | | | | <u></u> | |
| TITLE | i | ☐ DELETE | 3.1 TITLE | | - | | { | Change | Addition | |
| NAME | | | 3.2 NAME | | | | | | | |
| STREET ADDRESS | 3.3 | | 3.3 ST | 3.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | T or tree | 3.4. C | | 1-ZIP | | | -1 &: | 1 4 4 99 | |
| TITLE | | | | 4.1 TITLE | | | L | Change | | |
| NAME | | | | 4. 2 NAME | | | | | | |
| STREET ADDRESS | The state of the s | | 1 | | ADDRESS | | | | | |
| CITY-ST-ZIP | | DELETE | | 1Y-S1 | 1-ZIP | | | Change | Addition | |
| TITLE | | | 5.1 10 1 3 Ma | | İ | | , | — Oligiige | ☐ Munituli | |
| NAME Street address | | | | 5.2 NAME 5.3 STREET ADDRESS | | | | | | |
| | | | | | | | | | | |
| CITY-ST-ZIP TITLE | | | | 5.4 CITY - ST - ZIP 6.1 TITLE | | | | Change | Addition | |
| NAME | | C preside | 6.2 NA | | 1 | | L | outside | Lar Addition | |
| STREET ADDRESS | | | . I | | ADDRESS | | | | | |
| OINEE (AUURESS | | | 0.5 51 | inct I . | Wholego | | | | | |

14. I do hereby certify that the information sypplify 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 of 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 by 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 to only an attachment with an address.