

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 # **P95000035697 (8)**

1. Corporation Name
WEI-PAK INC.



Principal Place of Business: **647 SNUG HARBOR DR. BOYNTON BEACH FL 33435**
Mailing Address: **647 SNUG HARBOR DR. BOYNTON BEACH FL 33435**

3. Date Incorporated or Qualified: **05/02/1995**
3a. Date of Last Report

2. Principal Place of Business: **6987 LAKE ISLAND DR.**
2a. Mailing Address: **6987 LAKE ISLAND DR.**

4. FEI Number: **65-0580971**
Applied For: Not Applicable

23. City & State: **LAKE WORTH, FL**
28. City & State: **LAKE WORTH, FL**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

24. Zip: **33467** 25. Country: **Palm Beach** 29. Zip: **33467** 30. Country: **Palm Beach**

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:
**BARR, WAYNE R
647 SNUG HARBOR DR.
BOYNTON BEACH FL 33435**

10. Name and Address of New Registered Agent:
81 Name: **WAYNE R BARR**
82 Street Address (P.O. Box Number is Not Acceptable): **6987 LAKE ISLAND DRIVE**
83
84 City: **LAKE WORTH FL** 85 Zip Code: **33467**

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: *Wayne R. Barr* **WAYNE R. BARR** DATE: **APRIL 25, 1996**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PRESIDENT AND TREASURER WAYNE R. BARR
1.3 STREET ADDRESS	6987 LAKE ISLAND DRIVE
1.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SECRETARY PATRICIA B. BARR
2.3 STREET ADDRESS	6987 LAKE ISLAND DRIVE
2.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Wayne R. Barr* DATE: **April 25, 1996** TELEPHONE: **407-963-9900**

CR2E034 (12/95)