

**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

**FILED**  
**Apr 25 1996 8:00 am**  
Secretary of State

**DOCUMENT # P95000063434 (1)**

1. Corporation Name

**WEINSTEIN FAMILY SERVICES, INC.**



Principal Place of Business

Mailing Address

**383 STREET ROAD, EAST  
TREVOSE PA 19053**

**383 STREET ROAD, EAST  
TREVOSE PA 19053**

2. Principal Place of Business  
21 **111 SKOKIE BLVD.**

2a. Mailing Address  
26 **4126 NORLAND AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State  
**WILMETTE, IL**

27 City & State  
**BURNABY, B.C.**

24 Zip  
**60091**

Country

29 Zip  
**V5G 1S8**

Country

30 **CANADA**

3. Date Incorporated or Qualified  
**08/16/1995**

3a. Date of Last Report

4. FEI Number  
**59-3337916**

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

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **400001794784**

84 City

**FL** 85 Zip Code  
**\*\*\*200.00**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	MILLER, LAWRENCE J	16 GOLFVIEW DRIVE	IVYLAND PA 18974	<input type="checkbox"/>
D	SHANE, WILLIAM R	17 CHARLES LANE	CHERRY HILL NJ 08003	<input type="checkbox"/>
D	LOEWEN, RAYMOND L	7592 LAMBETH DRIVE	BURNABY, B.C. CANADA V5E 1Z5	<input type="checkbox"/>
D	WATWON, A.M. BRUCE	12384 GAINESWAY	RIDGEWOOD KY 41094	<input checked="" type="checkbox"/>
D	WEINSTEIN, JOEL	17197 WHITEHAVEN DRIVE	BOCA RATON FL 33496	<input type="checkbox"/>
D	CUTLER, NORM	857 STONE GATE DRIVE	HIGHLAND PARK IL 60035	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3190 TREMONT AVENUE	TREVOSE, PA 19053	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3190 TREMONT AVENUE	TREVOSE, PA 19053	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4126 NORLAND AVENUE	BURNABY, B.C., CANADA, V5G 3S8	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		DP WEINSTEIN, ROBERT A. 335 W. DUNDEE ROAD, #202	BUFFALO GROVE, IL 60089-3545	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		111 SKOKIE BLVD.	WILMETTE, IL 60091	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		CEO 111 SKOKIE BLVD.	WILMETTE, IL 60091	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 named, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**PETER S. HYNDMAN MARCH 22, 1996 (604) 299-9321**

CR2E034 (12/95)

PROFIT CORPORATION ANNUAL REPORT

WEINSTEIN FAMILY SERVICES, INC.

13. CONTINUED: ADDITION

- 7.1 TITLE: V
- 7.2 NAME: WEINSTEIN, MARK
- 7.3 STREET ADDRESS: 111 SKOKIE BOULEVARD
- 7.4 CITY-ST-ZIP: WILMETTE, IL 60091
  
- 8.1 TITLE: V
- 8.2 NAME: GROSSBERG, ARTHUR
- 8.3 STREET ADDRESS: 3201 N. 72ND AVENUE
- 8.4 CITY-ST-ZIP: HOLLYWOOD, FL. 33024
  
- 9.1 TITLE: ST
- 9.2 NAME: SCHWEER, MICHAEL L.
- 9.3 STREET ADDRESS: 800-50 EAST RIVERCENTER BLVD.
- 9.4 CITY-ST-ZIP: COVINGTON, KY 41011
  
- 10.1 TITLE: AS
- 10.2 NAME: BIRCH, TIMOTHY A.
- 10.3 STREET ADDRESS: 50 EAST RIVERCENTER BLVD.
- 10.4 CITY-ST-ZIP: COVINGTON, KY 41011
  
- 11.1 TITLE: DAS
- 11.2 NAME: HYNDMAN, PETER S.
- 11.3 STREET ADDRESS: 4126 NORLAND AVENUE
- 11.4 CITY-ST-ZIP: BURNABY, B.C., CANADA, V5G 3S8