

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

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Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000063434 (1)

1. Corporation Name
WEINSTEIN FAMILY SERVICES, INC.



Principal Place of Business
111 SKOKIE BLVD.
WILMETTE IL 60091

Mailing Address
4126 NORLAND AVE.
BURNABY BC., CANADA V5G 3S8

3. Date Incorporated or Qualified
08/16/1995

3a. Date of Last Report
04/25/1996

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
59-3337916

Applied For
Not Applicable

Suite, Apt. #, etc.
22

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

City & State
23

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

City & State
28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Zip
24

Country
25

Country
29

Country
30

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
84 City
85 Zip Code

FL

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME MILLER, LAWRENCE J
STREET ADDRESS 3190 TREMONT AVE.
CITY-ST-ZIP TREVOSÉ PA 19053

TITLE D DELETE
NAME SHANE, WILLIAM R
STREET ADDRESS 3190 TREMONT AVE.
CITY-ST-ZIP TREVOSÉ PA 19053

TITLE D DELETE
NAME LOEWEN, RAYMOND L
STREET ADDRESS 4126 NORLAND AVE.
CITY-ST-ZIP BURNABY BC., CANADA V5G 3S8

TITLE DP DELETE
NAME WEINSTEIN, ROBERT A.
STREET ADDRESS 4126 NORLAND AVE.
CITY-ST-ZIP BURNABY BC., CANADA V5G 3S8

TITLE DC DELETE
NAME WEINSTEIN, JOEL
STREET ADDRESS 111 SKOKIE BLVD.
CITY-ST-ZIP WILMETTE IL 60091

TITLE CEO DELETE
NAME CUTLER, NORM
STREET ADDRESS 111 SKOKIE BLVD.
CITY-ST-ZIP WILMETTE IL 60091

1.1 TITLE D Change Addition
1.2 NAME Peter S. Hyndman
1.3 STREET ADDRESS 4126 Norland Avenue
1.4 CITY-ST-ZIP Burnaby, B.C. Canada V5G 3S8

2.1 TITLE VP Change Addition
2.2 NAME Mark Weinstein
2.3 STREET ADDRESS 111 Skokie Blvd.
2.4 CITY-ST-ZIP Wilmette, IL 66091

3.1 TITLE VP Change Addition
3.2 NAME Arthur Grossberg
3.3 STREET ADDRESS 3201 N. 72nd Avenue
3.4 CITY-ST-ZIP Hollywood, FL 33024

4.1 TITLE S/T Change Addition
4.2 NAME Michael L. Schweer
4.3 STREET ADDRESS 800-50 E. RiverCenter Blvd.
4.4 CITY-ST-ZIP Covington, KY 41011

5.1 TITLE AS Change Addition
5.2 NAME Timothy A. Birch
5.3 STREET ADDRESS 800-50 E. RiverCenter Blvd.
5.4 CITY-ST-ZIP Covington, KY 41011

6.1 TITLE Change 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 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 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: Peter S. Hyndman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97 Date

(604) 299-9321 Daytime Phone #

CR2E034 (9/96)