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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9500063434 (1)

WEINSTEIN FAMILY SERVICES, INC.

FILED Jan 27 1997 8:00am Secretary of State



Principa! Place of Business Mailing Address 111 SKOKIE BLVD. 4126 NORLAND AVE. WILMETTE IL 60091 BURNABY BC CANADA V5G				G 358						
							3. Date Incorporated or Qualified 08/16/1995	3a. Date 04/25/	of Last Ri /1996	eport
2. Principal Pl	ace of Business	2a. Mailing	Address				4. FEI Number 59-3337916		1 1	oplied For of Applicable
Suite, Apt.	#, etc		pt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	Additional
City & State	?	<u> </u>	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Z(p	Zip Country				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Curre			1			10. Name and Address of New Ro	egistered Ag	ent	
CT C	ORPORATION SYSTEM				81	Name				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					82	Street Ad	ddress (P.O. Box Number is Not Acceptable)			
PLAN	IIAIION I E 33027			ŀ	83					
					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 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 great or printed micro or registered agent and title if applicable (NOTE: Registered Agent signature required when refinitaling) DATE 12. OFFICERS AND DIRECTORS IN 12										
TITLE	D	D DIRECTORS	DELETE	1.1 717	16		D		Change	Addition 6
NAME	MILLER, LAWRENCE J	'	DELL'IL	1.2 NA		1	Peter S. Hyndman		1 Ollougo	Las roundon §
STREET ADDRESS	3190 TREMONT AVE.					DDRESS	4126 Norland Avenue];
CITY-ST-7IP	TREVOSE PA 19053			1.4 CIT		ľ	Burnaby, B.C. Canada V	5G 3S8		15
TITLE	D		DELETE	2.1 TIT		Zir	VP	······	Change	KX Addition
NAME	SHANE, WILLIAM R			2.2 NA			Mark Weinstein		•	
STREET ADDRESS	3190 TREMONT AVE.			2.3 \$16	REET A	DDRESS	111 Skokie Blvd. Wilmette, IL 66091			}
CITY-ST-ZIP	TREVOSE PA 19053			2.4 CI	TY-ST	- ZIP	Wilmette, II 00091			
TITLE	D		DELETE	3 1 TIT			VP	L	Change	Addition
NAME	LOEWEN, RAYMOND L			3.2 NA	ME		Arthur Grossberg]
STREET ADDRESS	4126 NORLAND AVE.			3.3 ST	REET A	DDRESS	3201 N. 72nd Avenue Hollywood, FL 33024			
CITY - ST - ZIP	BURNABY BC., CANADA V5G	358		3.4. CI	TY-ST	- ZIP				
TITLE	DP		DELETE	4.1 111	LE		S/T	L	Change	Addition
NAME	WEINSTEIN, ROBEERT A.			4.2 NA		-	Michael L. Schweer 800-50 E. RiverCenter Bl	vð.		\
STREET ADDRESS	4126 NORLAND AVE.	000				DORESS	Covington, KY 41011			
CITY - ST - ZIP	BURNABY BC., CANADA V5G		DEVETE	4 4 CIT		-ZIP			Channe	Est Audition
TITLE	DC WEINICTEIN IOEI		DELETE	5 1 TIT		}	AS Timothy A. Birch	L.	Change	Addition
NAME	WEINSTEIN, JOEL 111 SKOKIE BLVD.			52 NA			800-50 E. RiverCenter Bl	vđ.		
STREET ADDRESS	WILMETTE IL 60091			- 1		DDRESS	Covington, KY 41011			
CITY - ST - ZIF	CEO		DELETE	5.4 CIT 6.1 TIT	TY-ST-	- ZIP		Т	Change	Addition
NAME	CUTLER, NORM		DECEM	6.2 NA					_ 51.44.1g0	onion
STREET ADDRESS	111 SKOKIE BLVD.			1		ODRESS				
CITY-ST-ZIP	WILMETTE IL 60091			1	KELIA TY-ST-)			
CIT-31-ZIP	***************************************			0.4 UII	11-91-		1			

14. To hereby certify that the information supplied with this filing does not qualify for the exemption (aled 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 grector of the corporation or the receiver or trustee empowered to execute this eport 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97

(604) 299-9321