

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

FILED  
Apr 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/16/1995**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

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 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 ☐ DELETE

**D  
MILLER, LAWRENCE J  
3190 TREMONT AVE.  
TREVISO PA 19053**

TITLE NAME ☒ DELETE

**D  
SHANE, WILLIAM R  
3190 TREMONT AVE.  
TREVISO PA 19053**

TITLE NAME ☐ DELETE

**D  
LOEWEN, RAYMOND L  
4126 NORLAND AVE.  
BURNABY BC., CANADA V5G 3S8**

TITLE NAME ☐ DELETE

**DP  
WEINSTEIN, ROBEERT A.  
4126 NORLAND AVE.  
BURNABY BC., CANADA V5G 3S8**

TITLE NAME ☐ DELETE

**DC  
WEINSTEIN, JOEL  
111 SKOKIE BLVD.  
WILMETTE IL 60091**

TITLE NAME ☐ DELETE

**CEO  
CUTLER, NORM  
111 SKOKIE BLVD.  
WILMETTE IL 60091**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

**DAS  
PETER S. HYNDMAN  
4126 NORLAND AVENUE  
BURNABY, BC V5G 3S8**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

**ROBERT A. WEINSTEIN  
355 W. DUNDEE ROAD  
BUFFALO GROVE, IL 60089**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 my address.

SIGNATURE:

Peter S. Hyndman 03/23/98 (604) 299-9331

CR2E034 (10/97)