

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
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/16/1995	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-3337916	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DAS
NAME	MILLER, LAWRENCE J	1.2 NAME	PETER S. HYNDMAN
STREET ADDRESS	3190 TREMONT AVE.	1.3 STREET ADDRESS	4126 NORLAND AVENUE
CITY-ST-ZIP	TREVOSE PA 19053	1.4 CITY-ST-ZIP	BURNABY, BC V5G 3S8
TITLE	D	2.1 TITLE	
NAME	SHANE, WILLIAM R	2.2 NAME	
STREET ADDRESS	3190 TREMONT AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TREVOSE PA 19053	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	LOEWEN, RAYMOND L	3.2 NAME	
STREET ADDRESS	4126 NORLAND AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BURNABY BC., CANADA V5G 3S8	3.4 CITY-ST-ZIP	
TITLE	DP	4.1 TITLE	ROBERT A. WEINSTEIN
NAME	WEINSTEIN, ROBEERT A.	4.2 NAME	355 W. DUNDEE ROAD
STREET ADDRESS	4126 NORLAND AVE.	4.3 STREET ADDRESS	BUFFALO GROVE, IL 60089
CITY-ST-ZIP	BURNABY BC., CANADA V5G 3S8	4.4 CITY-ST-ZIP	
TITLE	DC	5.1 TITLE	
NAME	WEINSTEIN, JOEL	5.2 NAME	
STREET ADDRESS	111 SKOKIE BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WILMETTE IL 60091	5.4 CITY-ST-ZIP	
TITLE	CEO	6.1 TITLE	
NAME	CUTLER, NORM	6.2 NAME	
STREET ADDRESS	111 SKOKIE BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WILMETTE IL 60091	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 an address.

SIGNATURE: _____ Peter S. Hyndman 03/23/98 (604) 200-9331

CR2E034 (10/97)