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Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90012 048 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000063434

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

3. Date Incorporated or Qualified

**08/16/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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 the current year intangible  
Personal Property Tax. ☐ 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

84 City

**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, LAWRENCE J	
STREET ADDRESS	3190 TREMONT AVE.	
CITY-STATE-ZIP	TREVOSE PA 19053	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAUL WAGLER	
1.3 STREET ADDRESS	4126 NORLAND AVENUE	
1.4 CITY-STATE-ZIP	BURNABY, B.C., CANADA V5G 3S8	

TITLE	DAS	<input type="checkbox"/> DELETE
NAME	HYNDMAN, PETER S.	
STREET ADDRESS	4126 NORLAND AVENUE	
CITY-STATE-ZIP	BURNABY BC V5G 3	

2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JEFFREY L. CASHNER	
2.3 STREET ADDRESS	801 TEAS ROAD	
2.4 CITY-STATE-ZIP	CONROE, TX 77303	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOEWEN, RAYMOND L	
STREET ADDRESS	4126 NORLAND AVE.	
CITY-STATE-ZIP	BURNABY BC., CANADA V5G 3S8	

3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SEAN M. GILCHRIST	
3.3 STREET ADDRESS	801 TEAS ROAD	
3.4 CITY-STATE-ZIP	CONROE, TX 77303	

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WEINSTEIN, ROBERT A.	
STREET ADDRESS	355 W. DUNDEE ROAD	
CITY-STATE-ZIP	BUFFALO GROVE IL 60089	

4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	24100 NORTH HIGHWAY 45	
4.4 CITY-STATE-ZIP	VERNON HILLS, IL 60061-3180	

TITLE	DC	<input type="checkbox"/> DELETE
NAME	WEINSTEIN, JOEL	
STREET ADDRESS	111 SKOKIE BLVD.	
CITY-STATE-ZIP	WILMETTE IL 60091	

5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ARTHUR GROSSBERG	
5.3 STREET ADDRESS	3201 NORTH 72ND AVENUE	
5.4 CITY-STATE-ZIP	HOLLYWOOD, FL 33024	

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	CUTLER, NORM	
STREET ADDRESS	111 SKOKIE BLVD.	
CITY-STATE-ZIP	WILMETTE IL 60091	

6.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GEORGE M. AMATO	
6.3 STREET ADDRESS	4145-58TH STREET	
6.4 CITY-STATE-ZIP	WOODSIDE, NY 11377	

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED PETER S. HYNDMAN

April 20, 1999

(604) 299-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)