

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

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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 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris 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

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	29

3. Date Incorporated or Qualified 08/16/1995	
4. FEI Number 59-3337916	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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 the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0505 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 _____ (NOT E: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MILLER, LAWRENCE J
STREET ADDRESS	3190 TREMONT AVE.
CITY-ST-ZIP	TREVOSE PA 19053
TITLE	DAS <input type="checkbox"/> DELETE
NAME	HYNDMAN, PETER S.
STREET ADDRESS	4126 NORLAND AVENUE
CITY-ST-ZIP	BURNABY BC V5G 3
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	LOEWEN, RAYMOND L
STREET ADDRESS	4126 NORLAND AVE.
CITY-ST-ZIP	BURNABY BC., CANADA V5G 3S8
TITLE	DP <input type="checkbox"/> DELETE
NAME	WEINSTEIN, ROBERT A.
STREET ADDRESS	355 W. DUNDEE ROAD
CITY-ST-ZIP	BUFFALO GROVE IL 60089
TITLE	DC <input type="checkbox"/> DELETE
NAME	WEINSTEIN, JOEL
STREET ADDRESS	111 SKOKIE BLVD.
CITY-ST-ZIP	WILMETTE IL 60091
TITLE	CEO <input type="checkbox"/> DELETE
NAME	CUTLER, NORM
STREET ADDRESS	111 SKOKIE BLVD.
CITY-ST-ZIP	WILMETTE IL 60091

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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-ST-ZIP	BURNABY, B.C., CANADA V5G 3S8
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-ST-ZIP	CONROE, TX 77303
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-ST-ZIP	CONROE, TX 77303
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-ST-ZIP	VERNON HILLS, IL 60061-3180
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-ST-ZIP	HOLLYWOOD, FL 33024
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-ST-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 of 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)