

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000077083 (0)**

1. Corporation Name:
WEVA VINTAGE, INC.



Principal Place of Business: **113 APPLEWOOD DR. LONGWOOD FL 32750**
Mailing Address: **113 APPLEWOOD DR. LONGWOOD FL 32750**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date incorporated or Qualified: **10/02/1995**
3a. Date of Last Report:
4. FEI Number: **59-~~3335~~3353970**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **BRECKON, LYNNE 113 APPLEWOOD DR. LONGWOOD FL 32750**
10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85

11. Pursuant to the provisions of Sections 607.0607 and 607.1606, 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 is 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 607.0606, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRECKON, LYNNE	12 NAME	
STREET ADDRESS	113 APPLEWOOD DR.	13 STREET ADDRESS	
CITY-STATE-ZIP	LONGWOOD FL 32750	14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	22 NAME	
NAME		23 STREET ADDRESS	
STREET ADDRESS		24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		32 NAME	
TITLE	<input type="checkbox"/> DELETE	33 STREET ADDRESS	
NAME		34 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		42 NAME	
CITY-STATE-ZIP		43 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	62 NAME	
NAME		63 STREET ADDRESS	
STREET ADDRESS		64 CITY-STATE-ZIP	
CITY-STATE-ZIP			

14. I do hereby certify that the information supplied with this filing is valid only for the exemption stated in Section 199.07(3)(k), Florida Statutes. I further certify that this filing also qualifies for the annual report or supplemental annual reports to avoid penalties, 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 and the person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an also filed with an officer.

SIGNATURE: *Lynne Breckon* 4/10/96 407-831-7736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lynne Breckon

CR2E034 (12/95)