

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

FILED
Mar 25 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 # **P95000088283 (3)**

1. Corporation Name

WEITZER FOREST LAKES VILLAS, INC.



Principal Place of Business 5901 NW 151 ST STE 120 MIAMI LAKES FL 33014	Mailing Address P.O. BOX 4450 MIAMI LAKES FL 33014-4550 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/17/1995	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-3842298	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WEITZER, HARRY
5901 NW 151 ST STE 120
MIAMI LAKES FL 33014**

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 607.0502 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

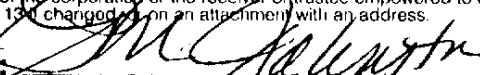
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WEITZER, HARRY 5901 NW 151 STREET, SUITE 120 MIAMI LAKES FL	1.1 TITLE	AVS JOHNSTON, PATRICE M. 5901 N.W. 151st STREET, #120 MIAMI LAKES, FL 33014
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPTS KLEINERMAN, PETER 5901 NW 151 STREET, SUITE 120 MIAMI LAKES FL	2.1 TITLE	VPD KLEINERMAN, PETER 5901 N.W. 151st STREET, #120 MIAMI LAKES, FL 33014
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VP ROSEWATER, JAMES P 5901 NW 151 STREET, SUITE 120 MIAMI LAKES FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VP FLEDSTEEN, LEIGH 5901 NW 151 STREET, SUITE 120 MIAMI LAKES FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VPS SPEIZER, HARRY 5901 NW 151 STREET, SUITE 120 MIAMI LAKES FL	5.1 TITLE	VPD SPEIZER, HARRY 5901 N.W. 151st STREET, #120 MIAMI LAKES, FL 33014
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	CC HART, TIMOTHY S 5901 NW 151 STREET, SUITE 120 MIAMI LAKES FL	6.1 TITLE	VT DWIER, EDWARD W. 5901 N.W. 151st STREET, #120 MIAMI LAKES, FL 33014
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 or changed on an attachment with an address.

SIGNATURE



Asst. Vice Pres./Secy.

3/20/98

305-819-4663

CR2E034 (10/97)