PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000095467

1. Corporation Name

THE WEBER GROUP, INC.

Principal Place of Business Malling Address 1456 GUAVA AVE 1456 GUAVA AVE MELBOURNE FL 32935 MELBOURNE FL 32935					1 70000000 110 13101 01111 05117	i marti masti dalih thiat dist	T MINTE DIEN INNT INNT
US	W .	US			DO NOT W	RITE IN THIS SPACE	Ē
					 Date Incorporated or Qualife 12/18/1995 	ed .	
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number	T	Applied For
21		26			59-3349827		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5, Certifcate of Status Desired	11	75 Additional ee Required	
City & State		City & State		6. Election Campaign Financin	g 🖂 \$5	.00 May Be	
Zip Country		28	Zip Country		Trust Fund Contribution	— Ad	lded to Fees
24	25	_ -	30	у	This corporation owes the corporate Personal Property Tax.	urrent year Intangible Yes	
241	9. Name and Address of Curre		30		10. Name and Address of Nev		, <u></u>
	, S.	Light Control of the	81	Name	15. ************************************	registeres Agent	
THE LAW FIRM OF LAWRENCE J SPIÉGEL CHRTD				Ct+ Add-	one (D.O. Berther) in New Arra		
343 ALMERIA AVENUE			82	Street Addr	ess (P.O. Box Number is Not Acce	otable)	u sa ili e eti sustituti a censi
CO	RAL GABLES FL 33134		83			1 1	
	•		84	City		— 85	Zip Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statute	es the abov	e-named com	oration cubmits this statement for th	FL S	a its registered
office or	t to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was au	thorized by	the corporation	on's board of directors. I hereby acc	ept the appointment a	as registered
l agonara		Buons or, Section 607.0505, mor	roa Statutes	S .	•		
SIGNATURE	Signature, typed or printed name of registered agr	ent and title if applicable. (NOTE:	Registered Age	nt signature required	d when reinstating)	DATE	: : : : :
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO C	FFICERS AND DIRE	CTORS IN 12
TATLE	PD DELETE		1.1 TITLE			☐ Cha	ange
NAME 	WEBER, PAUL E		1.2 NAME			•	
STREET ADDRESS	1456 GUAVA AVE MELBOURNE FL		1.3 STREE	TADDRESS			
CITY-ST-ZIP	VD VD	C Acter	1.4 CITY-S	ST-ZIP	<u>, , , , , , , , , , , , , , , , , , , </u>		
TITLE			2.1 TITLE			Cha	inge
NAME	WEBER, RUTH M 1456 GUAVA AVE		2.2 NAME	1	•		
STREET ADDRESS	MELBOURNE FL	Sec.		TADORESS			•
CITY-ST-ZIP	STDC	DELETE	2. 4 CITY-5	ST-ZIP		F3.0-	
NAME	WEBER, EUGENE C	3 Carrier December	3.1 TITLE			Cha	nge 🔲 Addition
STREET ADDRESS	1456 GUAVA AVE		3.2 NAME				
CITY-ST-ZIP	MELBOURNE FL			TADDRESS			· 1985年
TITLE		☐ DELETE	3.4. CITY- S 4.1 TITLE	SI-ZIP		☐ Chai	nge / Addition
NAME (ii)			4. 2 NAME			Cital	ilde 🗆 Vanifioti
STREET ADDRESS	• • •	i e e e e e e e e e e e e e e e e e e e		TADDRESS			
CITY-ST-ZIP		.\$	4.4 CITY-S				
TITLE		☐ DELETE	5.1 TITLE	1-21-		☐ Char	nge Addition
NAME			5.2 NAME				
STREET ADDRESS	400		5.3 STREET	T ADDRESS	•		
CITY-ST-ZIP			5.4 CITY-ST		* · ·		
TITLE		☐ DELETE	6.1 TITLE			☐ Char	nge Addition
NAME			6.2 NAME		•		
STREET ADDRESS	Port of the second seco		6.3 STREET	ADDRESS	·		

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90009 046 ***150.00

407-254-6807

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