

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

FILED

**Jun 29 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 # P96000026726 (5)
 1. Corporation Name
WEAVER DIRECT MARKETING CENTER, INC.



Principal Place of Business 201 AVENUE O RIV BCH RIVIERA BEACH FL 33404 US	Mailing Address 201 AVENUE O RIV BCH RIVIERA BEACH FL 33404 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/26/1996		4. FEI Number APPLIED FOR 65-0653780		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
21. Principal Place of Business 1071 West 10th Street	22. Suite, Apt. #, etc.	26. Mailing Address 1071 West 10th Street	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State Riviera Beach, FL	24. Zip 33404	28. City & State Riviera Beach, FL	29. Zip 33404	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country US	30. Country US	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent			
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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PSTD WEAVER, WAYNE E	1.2 NAME	
STREET ADDRESS	201 AVENUE O	1.3 STREET ADDRESS	1071 West 10th Street
CITY-ST-ZIP	RIVIERA BEACH FL 33404	1.4 CITY-ST-ZIP	Riviera Beach, FL. 33404
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margo Weaver	2.2 NAME	Margo Weaver
STREET ADDRESS	1071 West 10th Street	2.3 STREET ADDRESS	1071 West 10th Street
CITY-ST-ZIP	Riviera Beach, FL	2.4 CITY-ST-ZIP	Riviera Beach, FL. 33404
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or in an attachment with an address.

SIGNATURE: *Wayne E Weaver* **4/27/98** **(561) 840-0930**

CP2E034 (10/97)