

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90041 001 \*\*\*150.00

**DOCUMENT # P96000041072**

1. Corporation Name

**WEITZER MALIBU BAY, INC.**



Principal Place of Business

**5901 N.W. 151 STREET  
SUITE 120  
MIAMI LAKES FL 33014**

Mailing Address

**P.O. BOS 4550  
SUITE 120  
MIAMI LAKES FL 33014  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/14/1996**

4. FEI Number

**65-0671792**

Applied For

Not Applicable

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21 14505 COMMERCE WAY**

2a. Mailing Address

**26 14505 COMMERCE WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 #400**

**27 #400**

City & State

City & State

**23 MIAMI LAKES, FL**

**28 MIAMI LAKES, FL**

Zip

Country

Zip

Country

**24 33016**

**25**

**29 33016**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEITZER, HARRY  
5901 N.W. 151 STREET  
SUITE 120  
MIAMI LAKES FL 33014**

**81 Name  
JOHNSTON, PATRICE M.**

**82 Street Address (P.O. Box Number is Not Acceptable)  
14505 COMMERCE WAY**

**83 #400**

**84 City  
MIAMI LAKES**

**FL 85 Zip Code  
33016**

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

**Patrice M. Johnston**

**4/2/99**

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** ☐ DELETE

NAME **WEITZER, HARRY**

STREET ADDRESS **5901 NW 151 STREET, SUITE 120**

CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **VPTS** ☒ DELETE

NAME **KLEINERMAN, PETER**

STREET ADDRESS **5901 NW 151 STREET, SUITE 120**

CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **VP** ☐ DELETE

NAME **ROSEWATER, JAMES P**

STREET ADDRESS **5901 NW 151 STREET, SUITE 120**

CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **VP** ☒ DELETE

NAME **FLEDSTEEN, LEIGH**

STREET ADDRESS **5901 NW 151 STREET, SUITE 120**

CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **VPS** ☒ DELETE

NAME **SPEIZER, HARRY**

STREET ADDRESS **5901 NW 151 STREET, SUITE 120**

CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **T** ☒ DELETE

NAME **DWIER, EDWARD W**

STREET ADDRESS **5901 NW 151ST ST, #120**

CITY-ST-ZIP **MIAMI LAKES FL 33014**

1.1 TITLE **VT** ☐ Change ☒ Addition

1.2 NAME **RICE, SHERYL S.**

1.3 STREET ADDRESS **14505 COMMERCE WAY, #400**

1.4 CITY-ST-ZIP **MIAMI LAKES, FL 33016**

2.1 TITLE **AVPS** ☐ Change ☒ Addition

2.2 NAME **JOHNSTON, PATRICE M.**

2.3 STREET ADDRESS **14505 COMMERCE WAY, #400**

2.4 CITY-ST-ZIP **MIAMI LAKES, FL 33016**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Patrice M. Johnston**

**4/2/99**

**305 819 4663**

Date

Daytime Phone #

CR2E034 (1/98)

05/06/99