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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000056413 (3)

K AND D WEINSTEIN AND ASSOCIATES, INC.

## **FILED** Apr 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1 10911081 118 18112 81111 83111 88111 8	**** ***** *****	BILLI MIRAL III	100 1111 1001	
3554 N HARBOR CITY BLVD MELBOURNE FL 32835		3554 N HARBOR CITY BLVD MELBOURNE FL 32935								
						DO NOT WRITE	: IN THIS SE	ACE		
						3. Date Incorporated or Qualified				
9 Principal Pi	lace of Business	2a. Mailing Address				07/01/1996 4. FEI Number	<del></del>		oplied For	
21	ace of Busiliess	$\vdash$	26					<u> </u>	ot Applicable	
Suite, Apt.	#, etc		Suite, Apt. #, etc.			59-3388578			Additional	
22			27			5. Certificate of Status Desired			equired	
City & State	9	City & State				6. Election Campaign Financing		\$5.00		
23		28	28			Trust Fund Contribution		Added 1		
Zip	Country	Zip	Cour	itry		8. This corporation owes or has pa	aid the curre	ent year Int	angible	
24	25	29	30			Personal Property Tax due June			] No	
	9. Name and Address of Curren	t Registered Agent		na [ b)		10. Name and Address of New Ro	gistered A	gent		
	einstein, david		į.	81 Nam	e				İ	
	B ISLAND VIEW DR		į.	32 Stree	et Addres	Address (P.O. Box Number is Not Acceptable)				
INC	DIAN BEACH FL 32937		-	83						
			ľ	93					Ì	
				B4 City		· · · · · · · · · · · · · · · · · · ·	FL	<b>85</b> Zip (	Code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	ites, the ab	ove-name	ed corpo	ration submits this statement for the	purpose of o	changing it	s registered	
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, F	authorized lorida Statu	by the cites.	orporatio	in's board of directors. I hereby acce	pt the appo	intment as	registered	
SIGNATURE										
12.	Signature typed or printed name of registered age OFFICERS ANI		TE: Registered	Agent signat	nte tednitec	d when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CEDS AND I	DIDECTOR	- i	
TITLE	PD	DELETE	1.1 111	F		ADDITIONS/CHANGES TO OFF		Change	Addition	
NAME	WEINSTEIN, KIMBERLY		1.2 NAI				•			
STREET ADDRESS	138 ISLAND VIEW DR			 Eet addres	ا ۽					
CITY-ST-ZIP	INDIAN HARBOR BEACH FL	32937		Y-ST-ZIP	<u> </u>				l?	
TITLE	VD.	DELETE	2.1 TIT		PRE	ESIDENT		Change	Addition	
NAME	WEINSTEIN, DAVID		2.2 NAI	AE.	WE	INSTEIN, PAVID TSLANDVIEW DR	-	-		
STREET ADDRESS	138 ISLAND VIEW DR		2.3 \$16	EET ADDRES	s 138	ISLANDVIEW DE	-		ľ	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL:	32937	2. 4 01	Y-ST-ZIP	rut	DIAN HARBOR BCH	F1 3	2937		
TITLE		☐ DELETE	3.1 T(T)	.E	T	<del>.</del>		Change	☐ Addition	
NAME			3.2 NA	<b>AE</b>						
STREET ADDRESS			3.3 STF	EET ADDRES	s					
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP						
TITLE		DELETE	4.1 TIT	.E			[	Change	Addition	
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 STF	EET ADDRES	s I					
CITY-ST-ZIP		C priere	_	Y-ST-ZIP				700	7 6 (19)	
TITLE		L] DELETE	5.1 महा				L	Change	☐ Addition	
NAME			5.2 NA							
STREET ADDRESS				EET ADDRES	s					
CITY-ST-ZIP		DELETE		Y-ST-ZIP	-			Change	Addition	
TITLE		☐ DELETE	6.1 TiT			•	ι	CLIMITING	LJ MOULIUM	
NAME			6.2 NA							
STREET ADORESS			4	EET ADDRES	5					
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP		248.07/0/7/ 5/ 11 0		26 11 4 11		

Thereby 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 a attachment with an address.