PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000056413

1. Corporation Name

K AND D WEINSTEIN AND ASSOCIATES, INC.

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90095 029 ***150.00



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Principal Place	e of Business	Mailing Address				£ 1001		ING RACIO ABIO BAI			47 0 0 0 1411 1 0 0 1	
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						07/01/1	996					
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21 1354	10 N. Florida Au	26				59-3388	3578			No	t Applicable	
Suite, Apt. i		Suite, Apt. #, etc.				5. Certifcate	of Status D	esired \Box		\$8.75 A		
22 101		27				J. Cortiloato				Fee Re	quired	
City & State	J	City & State			j	6. Election C		- 11		\$5.00	•	
23 7 1-51		28	C				d Contributio	on		Added to	p Fees	
Zip 24 336	13 25 USA	Zip 30	Country			Personal	Property Ta:		[Yes	□No	
	9. Name and Address of Current	Registered Agent				10. Name an	d Address	of New Regis	stered A	gent		
144511	107711 0 1100		81	Name								
WEINSTEIN, DAVID 138 ISLAND VIEW DR INDIAN BEACH FL 32937			82	Street	Address	ddress (P.O. Box Number is Not Acceptable)						
			83						-			
			84	City					FL	85 Zip C	Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was autho	orized by	the corpo	corpora oration's	tion submits t board of dire	his statemer ctors. I here	nt for the purp by accept the	oose of cle appoint	hanging its ment as req	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE, Re-	gistered Agen	t signature r	required wh	en reinstating)			DATE			
12.	OFFICERS AND	DIDECTORS	40			ACCITION	CICHANGE	C TO OFFICE				
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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 change. It on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

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