

**FILED**  
**Apr 16, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90091 034 \*\*\*150.00

**DOCUMENT # P96000065167**

1. Entity Name

**WEKSLER GLASS THERMOMETER CORP.**

Principal Place of Business

Mailing Address

990 S. ROGERS CIRCLE  
 SUITE 10  
 BOCA RATON FL 33487

990 S. ROGERS CIRCLE  
 SUITE 10  
 BOCA RATON FL 33487-2835

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-1800631

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHAVELSON, KENNETH  
 990 S ROGERS CIRCLE  
 SUITE 10  
 BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name: Kevin Marks  
 Street Address (P.O. Box Number is Not Acceptable): 990 S. Rogers Circle, Suite 10  
 City: Boca Raton, FL Zip Code: 33487

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Kevin Marks  
Signature, typed or printed name of registered agent and title if applicable.

Kevin Marks  
(NOTE: Registered Agent signature required when reinstating)

DATE: 2/17/2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	MARKS, PETER	
STREET ADDRESS	7388 MAHOGANY BEND CT	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SHAVELSON, KENNETH	
STREET ADDRESS	3850 NW 53RD ST	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	President	<input type="checkbox"/> Delete
NAME	MARKS, KEVIN	
STREET ADDRESS	990 S. Rogers Circle, Suite 10	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Co-chairmen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kevin Marks  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kevin Marks 2/17/2000 561-988-8003  
Kevin Marks 2/17/2000 561-988-8003

C:\DIVERSA\10.0001