

OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION
ANNUAL REPORT
1999

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

FILED
Sep 15, 1999 8:00 am
Secretary of State
09-15-1999 90005 041 ***550.00

DOCUMENT # P96000067279
Corporation Name
WESTON GROUP ENTERPRISES, INC.



Principal Place of Business
PURE COATINGS, LLC
1 ELECTRONICS WAY
ST PALM BEACH FL 33407

Mailing Address
C/O PURE COATINGS, LLC
3301 ELECTRONICS WAY
WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/13/1996

4. FEI Number
65-0692028

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.
Yes No

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
Country

29
WPB 33401
30
Florida

9. Name and Address of Current Registered Agent
TARONE, TED
C/O AVIS & AVIS
125 WORTH AVE STE 221
PALM BEACH FL 33480

10. Name and Address of New Registered Agent
81 Name
TED TARONE
82 Street Address (P.O. Box Number is Not Acceptable)
CHERRY + SPENCER, P.A.
83
1665 Palm Beach Lakes Blvd #600
84 City
W.P.B.
FL
85 Zip Code
33401

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.

NATURE Ted Tarone Sept 2, 1999
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ET ADDRESS ST-ZIP	PD HAMILTON, RICHARD 2 ORANGE GLEN CIRCLE IRVINE CA 92630 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P.D.V.P.T. James Connolly Tosi c/o T. Tarone, Cherry + Spencer 1665 Palm Beach Lakes WPB Fla. 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS ST-ZIP	T HAMILTON, D. KIMBERLY 2 ORANGE GLEN CIRCLE IRVINE CA 92630 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

GNATURE: SIGNATURE REQUIRED

CR2E034 (5/99)