Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000024913

Principal Place of Business

WEILAND ENTERPRISES, INC.

138-C WEYBRIDA ROYAL PALM BI		138-C WEYBRIDGE CIRCLE ROYAL PALM BEACH FL 33411				DO NOT WRITE IN THIS SPACE
•						3. Date Incorporated or Qualifed 03/17/1997
2 Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number .Applied For
Suite, Apt. #, etc. 22 City & State		26				65-0737998
		Suite, Apt. #, etc. 27 City & State			,	5. Certificate of Status Desired S8.75 Additional Fee Required 6. Election Campaign Financing S5.00 May Be
23		28				Trust I did Contained.
Zip	Country	Zip 29	30	ountry		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24			[30]		-,	10. Name and Address of New Registered Agent
	9. Name and Address of Culter	it Kedisteren Adem		81	Name	
ZISS	ER, FERN W			82	Street Addr	ress (P.O. Box Number is Not Acceptable)
City & State			83			
				84	City	FL 85 Zip Code
	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	OTE: Registe	ered Age		ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN			3.		ADDITIONS/CHANGES TO GIT TOERS AND SIXED AND ADDITIONS/CHANGES TO GIT TOERS AND SIXED ADDITIONS/CHANGES TO GIT TOERS AND SIXED AND SIXED ADDITIONS/CHANGES TO GIT TOERS AND SIXED ADDITIONS AND SIXED ADDIT
TITLE	_	☐ DELETE		1 TITLE		
NAME	ZISSER, FERN W			2 NAME		
STREET ADDRESS	138-C WEYBRIDGE CIRCLE		1.	3 STREE	TADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL 3341	l1	1.	4 CITY-S	ST-ZIP	☐ Change ☐ Ado
		☐ DELETÉ	2.	1 TITLE		Change
NAME			2.	2 NAME		
STREET ADDRESS			2.	3 STREE	TADDRESS	
CITY-ST-ZIP	·			4 CITY-	ST-ZIP	☐ Change ☐ Add
TITLE		☐ DELETE	1	.1 TITLE		Change
NAME				.2 NAME		
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CITY-ST-ZIP		O OFFIETE		.4. CITY-		☐ Change ☐ Ad
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NAME					ET ADDRESS	
STREET ADDRESS	S .			5.4 CITY-		
CITY-ST-ZIP	<u> </u>	☐ DELETE		5.1 TITLE		☐ Change ☐ Ad

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 1 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90007 027 ***150.00