

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000098504

1. Corporation Name
DAVID J. WEINMAN MASONRY, INC.

Principal Place of Business
275 EAST OAKLAND PARK BOULEVARD
FT LAUDERDALE FL 33334

Mailing Address
275 EAST OAKLAND PARK BOULEVARD
FT LAUDERDALE FL 33334

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90096 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/19/1997

4. FEI Number
65-0799459

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 Weinman David J
Suite, Apt. #, etc.
22 1621 SE 2ND STREET
City & State
23 Pompano Beach, FL
Zip
24 33060 25 Country

2a. Mailing Address
26 Weinman David J
Suite, Apt. #, etc.
27 1621 SE 2ND STREET
City & State
28 Pompano Beach FL
Zip
29 33060 30 Country

9. Name and Address of Current Registered Agent

BLOCK, MICHAEL
275 EAST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name Weinman David J
82 Street Address (P.O. Box Number is Not Acceptable)
1621 SE 2ND STREET
83
84 City Pompano Beach FL 85 Zip Code 33060

11. 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.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PSID <input type="checkbox"/> DELETE
NAME	WEINMAN, DAVID J
STREET ADDRESS	275 EAST OAKLAND PARK BOULEVARD
CITY-ST-ZIP	FT LAUDERDALE FL 33334
TITLE	V <input type="checkbox"/> DELETE
NAME	BLOCK, MICHAEL
STREET ADDRESS	275 EAST OAKLAND PARK BOULEVARD
CITY-ST-ZIP	FT LAUDERDALE FL 33334
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0311284

CR2E034 (11/98)