COND 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**

OCUMENT # P97000108492

BARBARA WEAVER, INCORPORATED

FILED Sep 08, 1999 8:00 am Secretary of State

09-08-1999 90008 027 ***550.00



				·-	
•	e of Business	Mailing Address			
	PENNA DRIVE	124 B TONY PENNA DRIVE			
ITER FL 33458		JUPITER FL 33458			BO MOT MIDITE IN THIS SOLOE
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 12/26/1997
Principal P	lace of Business	2a. Mailing Address			4. FEI Number 30 -4014/49 Applied For
		26			APPLIED FOR Not Applicable
Suite, Apt.	#"etc	Suite, Apt. #, etc.			\$8.75 Additional
Suito, Apr. A, Oto.		[27]			5. Certificate of Status Desired Fee Required
City & State		City & State			
City of State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
P- Country		Zip Country			
Zip Country		——————————————————————————————————————		intry	8. This corporation owes the current year Intangible Personal Property. Yes No
	25	29	30		
	9. Name and Address of Curren	t Registered Agent		04	10. Name and Address of New Registered Agent
M/E	AVER, BARBARA		81 Name		
			82 Street Add		ress (P.O. Box Number is Not Acceptable)
	B TONY PENNA DRIVE		oli del Add		COS (F.O. DOX (MINISO) IS THE FREE CONTROL OF
JUP	ITER FL 33458			83	
			84 City		FL 85 Zip Code
	<u> </u>	·			
office or I	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was ations of, section 607.0505, F	authorize	d by the corporation	oration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
NATURE .	Signature, typed or printed name of registered agen	t and title if applicable (A	OTE: Pagete	ered Agent signature requ	uired when reinstating) DATE
	OFFICERS AN		13.	illed Agent alginatore requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	D OFFICERS AN		1.1 TI	n e	
		DELETE			Change Addition
	WEAVER, BARBARA		1.2 N		
TADDRESS	124 B TONY PENNA DRIVE	1.3 STREET ADDRESS		REET ADDRESS	
T-ZIP	JUPITER FL 33458		1.4 Ci	TY-ST-ZIP	
		DELETE	2.1 TI	TLE	Change Addition
			2.2 N	AME	
T ADDRESS	المستعدمين المالي	-	2.3 ST	REET ADDRESS	and the second programme and the second seco
				TY-ST-ZIP	
ST-ZIP		Delete	3.1 TI		Change Addition
		DELETE	3.2 N/		El Change El Addition
}			1		
TADDRESS			3.3 ST	REET ADDRESS	
T-ZIP			_	TY-ST-ZIP	
		DELETE	4.1 Tr	rle	Change Addition
Ì			4.2 NA	AME	•
TADDRESS			4.3 ST	REET ADDRESS	
T-ZIP			4.4 CI	TY-ST-ZIP	
		DELETE	5.1 TI		Change Addition
			5.2 N		C. Shango C. Moditori
T 4D005505				REET ADDRESS	
TADDRESS			4		
T-ZIP			_	TY-ST-ZIP	
,974 10.3	9 <u>63 F 383</u>	DELETE	6.1 TI	ILE	Change Addition
	PASSES SERVED		6.2 NA	ME	į
			6.3 ST	REET ADDRESS	,
T-ZIP	417 2.24.4		6.4 CI	TY-ST-ZIP	<u></u> .

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: