

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

FILED
May 29, 1999 8:00 am
Secretary of State

05-29-1999 90014 002 ***300.00

DOCUMENT # P98000052618 ✓

1. Corporation Name
WESTON ESTATES HOMES, INC.

Principal Place of Business

6917 COLLINS AVE.
MIAMI BEACH FL 33141

Mailing Address

6917 COLLINS AVE.
MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1998

4. FEI Number

☒ 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

2a. Mailing Address

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Suite, Apt. #, etc.

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City & State

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City & State

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City & State

9. Name and Address of Current Registered Agent

NESTOR, BRENDA
6917 COLLINS AVE.
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

SIGNATURE

Signature, by

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME POSNER, VICTOR
STREET ADDRESS 6917 COLLINS AVE.
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE D ☐ DELETE

NAME NESTOR, BRENDA
STREET ADDRESS 6917 COLLINS AVE.
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE D ☐ DELETE

NAME COLVIN, MELVIN
STREET ADDRESS 6917 COLLINS AVE.
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE D ☒ DELETE

NAME GALLAGHER, ROBERT L
STREET ADDRESS 2685 MEADOWOOD DR.
CITY-ST-ZIP FT. LAUDERDALE FL 33332

TITLE D ☒ DELETE

NAME MONTEJONE, VINCENT
STREET ADDRESS 8980 S.W. 8TH STREET
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres/Chairman/CEO ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE EVP / Vice Chair / Secy ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE First VP ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Controller ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Treasurer ☐ Change ☒ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)