


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

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

03-29-1999 90055 008 ***150.00

0032187

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P98000057360

1. Corporation Name
A & J WESTON COMMERCIAL GP, INC.

| | |
|---|---|
| Principal Place of Business C/O JEROME H. STERN 194 SOUTH ISLAND GOLDEN BEACH FL 33160 | Mailing Address C/O JEROME H. STERN 194 SOUTH ISLAND GOLDEN BEACH FL 33160 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business 21 1920 E. HALLANDALE BEACH BLVD. | 2a. Mailing Address 26 1920 E. HALLANDALE BEACH BLVD. |
| Suite, Apt. #, etc. 22 SUITE 906 | Suite, Apt. #, etc. 27 SUITE 906 |
| City & State 23 HALLANDALE, FL | City & State 28 HALLANDALE, FL |
| Zip 24 33009 25 USA | Zip 29 33009 30 USA |

| | |
|--|--|
| 3. Date Incorporated or Qualified 06/26/1998 | Applied For <input type="checkbox"/> Not Applicable |
| 4. FEI Number 65-0847061 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

STERN, JEROME H
194 SOUTH ISLAND
GOLDEN BEACH FL 33160

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 the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | STERN, JEROME H |
| STREET ADDRESS | 194 SOUTH ISLAND |
| CITY-ST-ZIP | GOLDEN BEACH FL 33160 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | LIPSON, ARTHUR E |
| STREET ADDRESS | 2000 NE 20TH COURT |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33178 |
| 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 | V. PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 1920 E. HALLANDALE BEACH BLVD. # 906 |
| 1.4 CITY-ST-ZIP | HALLANDALE, FL 33009 |
| 2.1 TITLE | PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 1920 E. HALLANDALE BEACH BLVD. #906 |
| 2.4 CITY-ST-ZIP | HALLANDALE, FL 33009 |
| 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 REQUIRED** **3/26/99** **(954) 454-1114**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP25024 (11/98)