Mar 04, 1999 8:00 am Secretary of State

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$35384

1. Corporation Name

Principal Place of Business

WEAVER & WEAVER, P.A.

700 SE 3 AVE STE 100 FT. LAUDERDAL US	LE FL 33316	PO BOX 14663 FT. Lauderdale FL 33302-4 US	663		3	3. Date Incorporat 02/26/1991		RITE IN THIS	SPACE	
2. Principal Pl	Place of Business	2a. Mailing Address	-		4	, FEI Number			L A	opplied For
21		26				<u>65-0246152</u>	·			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Sta	atus Desired	. 🗆		Additional
22	<u> </u>	27							Fee F	Required
City & State	e	City & State			6	Election Campa	aign Financin	g 🗆		May Be
23		28				Trust Fund Con	tribution		Added	to Fees
Zip	Country	Zip	_ Countr	У	8	This corporation		urrent year Int		
24	25	29 3	0			Personal Prope			Yes	□No
	9. Name and Address of Curre	ent Registered Agent		41 41		0. Name and Add	dress of Nev	Registered	Agent	
LAZIT' A	WED DEN I		81	I N	lame					
	AVER, BEN J. S E THIRD AVE		82	2 S	treet Address ((P.O. Box Number	r is Not Acce	ptable)		
STE			83	3						
FT. L	LAUDERDALE FL 33316								- - - - - - - - - - - -	0 1
			84	4 C	ity			FL	. 85 Zip	Code
office or re	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was auti	norized by la Statute	y tne s.	amed corporation is to we were the world with the w	board of directors.	atement for the line of the li	ne purpose of cept the appoi	changing i ntment as	ts registered registered
SIGNATURE	Claushur, hand or peopled name of receptered an	ent and title if applicable (NOTE: R					-	DATE		
	Signature, typed or printed name of registered ag		egistered Age		nature required when	n reinstating)	ANGES TO C		ID DIRECT	ORS IN 12
12.	OFFICERS A	gent and title if applicable. (NOTE: RIND DIRECTORS		ent sigr			ANGES TO C		ID DIRECT	
12.	OFFICERS A	AND DIRECTORS	egistered Age	ent sigr		n reinstating)	ANGES TO C			
12. TITLE NAME	OFFICERS A D . WEAVER, BEN J.	AND DIRECTORS	13.	ent sigr	nature required when	n reinstating)	ANGES TO C			
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12. TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME	OFFICERS A D WEAVER, BEN J. 700 SE 3 AVE, STE 100 FT. LAUDERDALE FL D WEAVER, DIANNE JAY	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE	ent sigr ET ADD ST-ZIP	DRESS	n reinstating)	ANGES TO C		Change	Addition
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this fling 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 Streen, or on/an attachment with an address, with all other like empowered.

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

Ben J. Weaver