

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
Tallahassee, FL 32399-0001

APPROVED
AND
FILED

95 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S48023** (3)
1. Corporate Name
WEINAPPLE ENTERPRISES, INC.

Principal Place of Business
**19355 TURNBERRY WAY
N. MIAMI BEACH FL 33180**

Mailing Address
**19355 TURNBERRY WAY
N. MIAMI BEACH FL 33180**

DO NOT WRITE IN THIS SPACE

2. Previous Fiscal Year(s)		2a. Mailing Address		3. Date incorporated or organized 04/25/1991	3a. Date of Last Report 07/06/1994
21. State of Incorporation	26. State of Incorporation			4. FID Number 65-0257568	Applied For ☐ Not Applicable
22. City or County	27. City or County			5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23. City or County	28. City or County			6. Excluded Corporation (check box) ☐	\$5.00 May Be Added to Fees
24. City or County	25. City or County	29. City or County	30. City or County	8. The corporation has liability for intangible tax under 1991 Fla. Statute ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent WEINAPPLE, RITA 19355 TURNBERRY WAY N. MIAMI BEACH FL 33180				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (if no box number, use full description)	
				83. City	
				84. State	FL
				85. Zip Code	

11. I, the undersigned, being a resident of this state, do hereby certify that the above is a true and correct copy of the statement of the corporation for the year ended on the date specified in the report, and that the same is a true and correct copy of the statement of the corporation for the year ended on the date specified in the report, and that the same is a true and correct copy of the statement of the corporation for the year ended on the date specified in the report.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
NAME	D WEINAPPLE, RITA 19355 TURNBERRY WAY N. MIAMI BEACH FL	NAME	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	
NAME		NAME	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	
NAME		NAME	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	
NAME		NAME	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	

14. I, the undersigned, being a resident of this state, do hereby certify that the above is a true and correct copy of the statement of the corporation for the year ended on the date specified in the report, and that the same is a true and correct copy of the statement of the corporation for the year ended on the date specified in the report, and that the same is a true and correct copy of the statement of the corporation for the year ended on the date specified in the report.

SIGNATURE: *Rita Weinapple*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
May 1, 1995 305-435-4445