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Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S61579** (6)

1. Corporation Name  
**WEATHER PROTECTION SYSTEMS, INC.**

Principal Place of Business  
**4821 NORTH ORANGE BLSSM TRAIL  
ORLANDO FL 32810**

Mailing Address  
**4821 NORTH ORANGE BLSSM TRAIL  
ORLANDO FL 32810-1606**



3. Date Incorporated or Qualified **06/14/1991** 3a. Date of Last Report **04/08/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-3070819</b>		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Zip Country		29 Zip Country		30 Zip Country			

9. Name and Address of Current Registered Agent  
**HURWITZ, MARK J  
4821 NORTH ORANGE BLOSSOM TRAIL  
ORLANDO FL 32810**

10. Name and Address of New Registered Agent

81 Name **Catherine R. Olsen**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4821 N. Orange Blossom Trail**  
83  
84 City **Orlando** FL 85 Zip Code **32810**

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 **Catherine R. Olsen** *Catherine R. Olsen* 4-22-97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HURWITZ, MARK J</b> <b>4821 N O.B.T.</b> <b>ORLANDO FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>Vice President/Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Hurwitz, Mark J.</b> <b>4821 N. Orange Blossom Trail</b> <b>Orlando, FL 32810</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OLSEN, CATHERINE</b> <b>3080 CORAL VINE LANE</b> <b>WINTER PARK FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>President/Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Olsen, Catherine</b> <b>3080 Coral Vine Lane</b> <b>WinterPark, FL 32792</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: *Catherine R. Olsen* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97 (407) 290-0855  
Date Daytime Phone

CR2E034 (9/96)