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95 APR 27 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **V34754** (4)

1. Corporation Name
WEITZER PINE GLENN HOMES, INC.

Principal Place of Business Mailing Address

**4960 SW 72ND AVE
SUITE 401--
MIAMI FL 33155**

**4960 SW 72ND AVE--
SUITE 401--
MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 05/08/1992	3a. Date of Last Report 04/20/1994
4. FEI Number 65-0342877	Applied For Not Applicable
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 has liability for intangible tax under § 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 5901 NW 151 Street Suite, Apt. #, etc.	26 5901 NW 151 Street Suite, Apt. #, etc.
22 Suite 120 City & State	27 Suite 120 City & State
23 Miami Lakes, FL Zip Country	28 Miami Lakes, FL Zip Country
24 33014 USA	29 33014 USA

9. Name and Address of Current Registered Agent

**WEITZER, HARRY
4960 SW 72ND AVE
SUITE 401--
MIAMI FL 33155**

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 Zip Code
	5901 NW 151 Street		Miami Lakes	FL 33014

11. Pursuant to the provisions of Sections 607.0502 and 607.1808, 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 the incorporator) (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEITZER, HARRY
STREET ADDRESS	4960 SW 72ND AVE STE 401
CITY ST ZIP	MIAMI FL-
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	5901 NW 151 Street, Suite 120
14 CITY ST ZIP	Miami Lakes, FL 33014
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is truthfully furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report of supplementary information 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 appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or on an attachment with an address.

SIGNATURE:  DATE: **4/17/95** PHONE: **305-819-4663**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **HARRY WEITZER**