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Feb 26, 1999 8:00 am  
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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V38217

1. Corporation Name  
ALAN H. WEINER, CLU, CHFC, P.A.

Principal Place of Business  
21648 CYPRESS RD  
BLDG-A13-  
BOCA RATON FL 33433  
US

Mailing Address  
21648 CYPRESS RD  
BLDG F13  
BOCA RATON FL 33433  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
BLDG F13  
City & State  
Zip Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country

3. Date Incorporated or Qualified  
05/22/1992

4. FEI Number  
65-0335968 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
WEINER, ALAN H  
~~21301 POWERLINE RD~~  
~~SUITE 309~~  
BOCA RATON FL 33433

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
21648 CYPRESS RD, BLDG F13  
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)* ALAN H. WEINER, PRESIDENT 1/28/99 (SAME AS PREV)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	WEINER, ALAN H	21648 CYPRESS RD BLDG F13	BOCA RATON FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)* ALAN H. WEINER, PRES. 1/28/99 361-462-8870  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)