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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **M43216** (4)
1. Corporation Name
WEBSTER GRANT LAND COMPANY

Principal Place of Business Mailing Address
HARRY WEITZER
4960-SW-72-AVE-#401-
MIAMI-FL-33155-5550

2. Principal Place of Business 2a. Mailing Address
21 5901 NW 151 Street **26 5901 NW 151 Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 120 **27 Suite 120**
 City & State City & State
23 Miami Lakes, Florida **28 Miami Lakes, Florida**
 Zip Country Zip Country
24 33014 **25 USA** **29 33014** **30 USA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/15/1986** 3a. Date of Last Report **04/20/1994**

4. FEI Number **59-2780295** 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 has liability for intangible tax under S. 199(3), Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WEITZER, HARRY
4960-SW-72-AVE-#401-
MIAMI-FL-33155-

10. Name and Address of New Registered Agent
81 Name Weitzer, Harry
82 Street Address (P.O. Box Number is Not Acceptable) 5901 NW 151 Street
83 Suite 120
84 City Miami Lakes FL 85 Zip Code 33014

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 _____ DATE _____
Signature: Typed or printed name of registered agent and title of position. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEITZER, HARRY	1.2 NAME	
STREET ADDRESS	4960-SW-72-AVE-#401	1.3 STREET ADDRESS	5901 NW 151 Street, Suite 120
CITY - ST - ZIP	MIAMI-FL	1.4 CITY - ST - ZIP	Miami Lakes, Florida 33014
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily 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 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 recorder or notary, empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with my address.

SIGNATURE: _____ DATE: **4/17/95** **305-819-4663**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY WEITZER