

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S18158** (3)
1. Corporation Name
WEITZER COUNTRY HOMES, INC.



Principal Place of Business Mailing Address
**5901 NW 151 ST.
SUITE 120
MIAMI LAKES FL 33014
US**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 25 29 30

3. Date Incorporated or Qualified **12/13/1990** 3a. Date of Last Report **04/27/1995**
4. FEI Number **65-0234570** 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 or intangible tax under s. 199.032, Florida Statute: Yes No

9. Name and Address of Current Registered Agent

**WEITZER, HARRY
5901 NW 151 ST
SUITE 120
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0509 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 607.020, Florida Statutes.

SIGNATURE _____

Signature of Registered Agent (if different from Officer or Director)

Date of Signature (if different from Date of Filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE NAME D WEITZER, HARRY STREET ADDRESS 5901 NW 151 ST., SUITE 120 CITY-ST-ZIP MIAMI LAKES FL	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6. NAME 7. STREET ADDRESS 8. CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 10. NAME 11. STREET ADDRESS 12. CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 14. NAME 15. STREET ADDRESS 16. CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	17. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 18. NAME 19. STREET ADDRESS 20. CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	25. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 26. NAME 27. STREET ADDRESS 28. CITY-ST-ZIP

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96

(305) 819-4663

CR2E034 (12/95)