

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K36977 (2)
 1. Corporation Name
WEITZER SERVICES INCORPORATED



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5901 NW 151 STREET SUITE 120 MIAMI LAKES FL 33014		Mailing Address P.O. BOX 4550 SUITE 120 MIAMI LAKES FL 33014 US	
21 2. Principal Place of Business	22 Suite, Apt. #, etc.	2a. Mailing Address	27 Suite, Apt. #, etc.
23 City & State	Zip	28 City & State	Country
24 Zip	25 Country	29 Zip	30 Country

3. Date incorporated or Qualified
10/06/1988

4. FEI Number
65-0075939

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

WEITZER, HARRY
5901 NW 151 STREET
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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	WEITZER, HARRY	
STREET ADDRESS	5901 NW 151 STREET	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WEITZER, HARRY	
1.3 STREET ADDRESS	5901 N.W. 151st STREET, #120	
1.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014	
2.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KLEINERMAN, PETER	
2.3 STREET ADDRESS	5901 N.W. 151st STREET, #120	
2.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014	
3.1 TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SPEIZER, HARRY	
3.3 STREET ADDRESS	5901 N.W. 151st STREET, #120	
3.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOHNSTON, PATRICE M.	
4.3 STREET ADDRESS	5901 N.W. 151st STREET, #120	
4.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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; that I am 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 in my Attachment with an address.

SIGNATURE:  **PATRICE M. JOHNSTON** 4/8/98 305 819 4663

CP2E034 (10/97)