

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # **L51742 (9)**  
1. Corporation Name  
**WESTON 554 CORPORATION**



Principal Place of Business: 4500 PGA BLVD. SUITE 304B PALM BEACH GARDENS FL 33418  
Mailing Address: 4500 PGA BLVD. SUITE 304B PALM BEACH GARDENS FL 33418

3. Date Incorporated or Qualified: 02/16/1990  
3a. Date of Last Report: 04/25/1995

2. Principal Place of Business: 21 4200 Wackenhut Drive, Suite 110, Palm Beach Gardens FL 33410  
2a. Mailing Address: 26 4200 Wackenhut Drive, Suite 110, Palm Beach Gardens FL 33410  
22 Suite 110  
23 Palm Beach Gardens FL  
24 33410

4. FEI Number: 65-0180708  
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 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: FLANIGAN, JOHN F, 9TH FLOOR, BARNETT CENTRE, 625 N. FLAGLER DRIVE, W. PALM BEACH FL 33401  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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's signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT TAMBONE, RICHARD P. 4500 PGA BLVD. SUITE 304 B PALM BEACH GARDENS FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	4200 Wackenhut Dr., Suite 110
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Palm Beach Gardens FL 33410
TITLE	DVS TAMBONE, LORI B. 4500 PGA BLVD. SUITE 304 B PALM BEACH GARDENS FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	4200 Wackenhut Dr., Suite 110
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Palm Beach Gardens FL 33410
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 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  
4-26-96  
407-625-0088  
Date Daytime Phone #

CR2E034 (12/95)