Sep-19-2012 08:59 PM Broward County SoE 954-357-7070

				•	2011	
FORM 1	<b></b>	STATEM			2011	
Please print or type your name, mailing address, sgency name, and position belo	w.	FINANCIAL	INTEREST	S		
LAST NAME - FIRST NAME - MIDDL	E NAME :			OFFICE ONLY:		
MAILING ADDRESS :					SUL THE	
OTY: Annette Wexler 8493		COUNTY :			UNA 18	
Pembroke Park				ID N	PH PH	
NAME c2450 South Park Rd Pembroke Park FL 33009				Con		
NAME OF OFFICE OR POSITION HELD OR SOUGHT :						
NAME OF OFFICE ORT CONTORTION				·	eq. Code 2	
You are not limited to the space on the lin					Ý.	
CHECK ONLY IF 🔲 CANDIDATE	OR [		POINTEE			
	h par	TS OF THIS SECTI	ON MUST BE CO	MPLET	ED ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR I	INANCIAL	INTERESTS FOR THE PRE	CEDING TAX YEAR, WHE	THER BASE	ED ON A CALENDAR YEAR OR ON	
A FISCAL YEAR. PLEASE STATE BEL DECEMBER 31, 2011			FOR THE PRECEDING TAX TAX YEAR IF OTHER THAN		, ,	
MANNER OF CALCULATING REPORT					NDAR TEAR:	
THE LEGISLATURE ALLOWS FILERS	S THE OF	TION OF USING REPORT	ING THRESHOLDS THAT	ARE ABS	DLUTE DOLLAR VALUES, WHICH	
REQUIRES FEWER CALCULATIONS, instructions for further details). PLEASE	STATE B	ELOW WHETHER THIS STA		ER (must cl	NON PERCENTAGE VALUES (see heck one):	
					RESHOLDS	
PART A PRIMARY SOURCES OF IN (If you have nothing to rep	ort, you r	nust write "none" or "n/z")	e reporting person - See ins	tructions p.	4]	
NAME OF SOURCE OF INCOME	I	SOUF	RCE'S	DES	DESCRIPTION OF THE SOURCE'S	
TOWN OF PEMBRUKE PA	a.e.	-	WELL PEHINS. PE			
		·····	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
PART B SECONDARY SOURCES	DF INCOM	E				
[Major customers, clients, a (If you have nothing to re	nd other s port , you	ources of income to business must write "none" or "n/a"	es owned by the reporting p )	erson - See	instructions p. 4]	
NAME OF		OF MAJOR SOURCES	ADDRESS		PRINCIPAL BUSINESS	
BUSINESS ENTITY	OF E	USINESS' INCOME	OF SOURCE		ACTIVITY OF SOURCE	
		<u></u>	1			
		/*/				
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See Instructions p. 4] (If you have nothing to report, you must write "none" or "n/a")				FILIN	G INSTRUCTIONS for	
5605 MOSAIC DE	ident and	A4, FL 34690		are loo	and where to file this form cated at the bottom of page 2,	
JUCI MASAIC UB-)	TI VEIL	1019; C 21(4)0		INST	RUCTIONS on who must	
·····			-	file thi	s form and how to fill it out on page 3.	
				-	R FORMS you may need	
				to file	are described on page 6.	
CE FORM 1 - Effective: January 1, 2012, Refer to R	10.04 0.000/4	) EAC. (Continued on re				

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e: January 1, 2012, Refer to Rule 34-8.202(1), F.A.C. (Continued on reverse side)

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Sep-19-2012 08:59 PM Broward County SoE 954-357-7070 .

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TYPE OF INTANGIBLE		BUSINESS ENTITY TO WH	ICH THE PRO	OPERTY RELATES
	1 1 2			
	NTA			
PART E — LIABILITIES [Major debts - See instruct (if you have nothing to report, you m	ust write "none" or "n/	a'')		
NAME OF CREDITOR	I			R
	NIA			· · · · · · · · · · · · · · · · · · ·
	1~ 11 3			
PART F — INTERESTS IN SPECIFIED BUSINESSE (If you have nothing to report, you must	S [Ownership or positions to state of the second se	ns in certain types of businesse	s - See Instruc	tions p. 5]
	NESS ENTITY # 1	BUSINESS ENTITY #	#2 ι	BUSINESS ENTITY # 3
JAME OF BUSINESS ENTITY				
DDRESS OF BUSINESS ENTITY				
RINCIPAL BUSINESS ACTIVITY	. 1	,	· · · · · · · · · · · · · · · · · · ·	
OSITION HELD WITH ENTITY	-N	H		
OWN MORE THAN A 5%	, ,			
NATURE OF MY				
NATURE OF MY		ON A SEPARATE SHE	ET, PLEAS	
	ARE CONTINUED			
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