

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 724994 (9)

1. Corporation Name

440 WEST, INC.

Principal Place of Business

2753 S R 580 STE 207
CLEARWATER FL 34621

Mailing Address

2753 S R 580 STE 207
CLEARWATER FL 34621

3. Date Incorporated or Qualified

12/08/1972

3a. Date of Last Report

03/ /95

2. Principal Place of Business

2a. Mailing Address

21 C/O PROGRESSIVE MANAGEMENT

26 C/O PROGRESSIVE MANAGEMENT

4. FEI Number

59-1803782

Applied For

Not Applicable

Suite, Apt. #, etc.

22 2753 STATE RD 580 #207

Suite, Apt. #, etc.

27 2753 STATE RD 580 #207

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 CLEARWATER FL

City & State

28 CLEARWATER FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

24 34621

Country

Zip

29 34621

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REARDON, MAUREEN C., CPM
PROGRESSIVE MANAGEMENT, INC.
2753 STATE ROAD 580, SUITE 207
CLEARWATER FL 34621

81 Name

800001730148

82 Street Address (P.O. Box, City, State, Zip, Apt. #, etc.)

09704736-01023--007

83

***61.25

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	REICHERT, GERALDINE S.	
1.3 STREET ADDRESS	739 ABERDEEN DRIVE	
1.4 CITY-ST-ZIP	CRETE IL 60417	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WHITE, FRED T.	
2.3 STREET ADDRESS	8639 PONTE VEDRA COURT	
2.4 CITY-ST-ZIP	HOLLAND OH. 43528	
3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DILLMAN, TOM	
3.3 STREET ADDRESS	440 S. GULFVIEW BLVD #1605N	
3.4 CITY-ST-ZIP	CLEARWATER BCH FL 34630	
4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TRAGER, DAVID	
4.3 STREET ADDRESS	450 S. GULFVIEW BLVD #903S	
4.4 CITY-ST-ZIP	CLEARWATER BCH FL 34630	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CONNELL, PETER	
5.3 STREET ADDRESS	440 S. GULFVIEW BLVD #1802N	
5.4 CITY-ST-ZIP	CLEARWATER BCH FL 34630	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	STONE, MARTIN	
6.3 STREET ADDRESS	4216 FAIRWAY RUN	
6.4 CITY-ST-ZIP	TAMPA FL 33624	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Geraldine Reichert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-96

708-672-5455
Daytime Phone #

CR2E037 (12/95)

DOCUMENT #724994 (9)

440 WEST, INC.

ADDITIONAL OFFICERS AND DIRECTORS:

D
WEEDEN, SAM
440 S. GULFVIEW BLVD #703N
CLEARWATER FL 34630