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

**PROFIT** .CORPORATION ANNUAL REPORT

1999

WEST CORRIDOR PROJECTS, INC.



DOCUMENT # P93000010086

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90072 011 \*\*\*150.00



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Principal Place of Business Mailing Address							1	1 19811981 118 18188 21131 88111 88111 88111 88111	, <b>011 By</b> 111 B	<b>1818)</b>	10 0)11 100)
2550 N.W. 72ND AVENUE SUITE 107 MIAMI FL 33122 US			2550 N.W. 72ND AVENUE SUITE 107 MIAMI FL 33122 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
,	•					į		02/05/1993			-
2. Principal Pl	ace of Business	2a. N	tailing Address			<u> </u>	4.	FEI Number			ied For
21			26				1_9	65-0398866			Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. (	Certifcate of Status Desired		e Requ	ditional uired
City & State			28				1	Election Campaign Financing  Trust Fund Contribution	•	00 M ded to	•
Zip	Country 25	29 Z	Zip Cour 29 30			-	8. This corporation owes the current year Intangible Personal Property Tax.				
	9. Name and Address of Curre	nt Register	red Agent				10.	Name and Address of New Registered	Agent		
	LOIAL MITTING			8	1	Name		•			
FINANCIAL INTERLINK 2550 N.W. 72ND AVENUE				8	2	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 107											
MIAN	11 FL 33122			8	4	City		F=1	85 2	Zip Co	de
	· · · · · · · · · · · · · · · · · · ·				_L	· · · · · · · · · · · · · · · · · · ·	4:	FL	changin	a ite ra	raistered
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.											stered
SIGNATURE			/1075	O		signature required v	14 th man coal	instating) DATE	<u>.</u>		
Stgnature, typed or printed name of registered agent and title if applicable. (NOTE  12. OFFICERS AND DIRECTORS				13.				DDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTOR	S IN 12
TITLE	D		☐ DELETE	1.1 TITLE	= -	1			Char		Addition
NAME ,	LEROY, JACQUES M			1.2 NAMI	E						
STREET ADDRESS	2435 FISHER ISLAND DR.			1.3 STRE	ET/	ADDRESS					Ì
CITY-ST-ZIP	MIAMI FL 33109			1.4 CITY	ST-	- ZIP			====		
TITLE	DELETE		☐ DELETE	2.1 TITLE	Ε				Char	nge	Addition
NAME				2.2 NAMI	E						1
STREET ADDRESS				2.3 STRE	ET.	ADDRESS					l
CITY+ST-ZIP_			- Delete	2.4 CITY		r-ZIP		<u> </u>	Char	·	Addition
TITLE	_			3.1 TITLE					L.) Onai	ige	, reduction
NAME				3.2 NAMI							l
STREET ADDRESS				1		ADDRESS					
CITY-ST-ZIP			☐ DELETE	3.4. CITY 4.1 TITLE		1-ZIP			[] Chai	nge	Addition
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STREET ADDRESS				4.3 STRE	ĒΤ	ADDRESS		•			
CITY-ST-ZIP	•			4.4 CITY				•			Ì
TITLE			☐ DELETE	5.1 TITLE					Char	nge	☐ Addition
NAME				5.2 NAMI	E			•			
STREET ADDRESS				5.3 STRE	ŒT.	ADDRESS					Ì
CITY-ST-ZIP				5.4 CITY		-ZIP			·		
TITLE			☐ DELETE	6.1 TITLE					Chai	nge	☐ Addition
NAME , , , , , , ,	11 3 8° 33 8° 1 1			6.2 NAMI	E	1					ţ

STREET ADDRESS 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

Daytime Phone #