

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90047 025 ***150.00

0073042

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000007157

1. Corporation Name
ROTONDA WEST, INC.



Principal Place of Business
 1275 LK HEATHROW LN
 STE 105
 HEATHROW FL 32746
 US

Mailing Address
 1275 LK HEATHROW LN
 STE 105
 HEATHROW FL 32746
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **615 Crescent Executive Court**
 Suite, Apt. #, etc. **Suite 120**
 City & State **Lake Mary, Florida**
 Zip **32746** Country **US**

2a. Mailing Address **615 Crescent Executive Court**
 Suite, Apt. #, etc. **Suite 120**
 City & State **Lake Mary, Florida**
 Zip **32746** Country **US**

3. Date Incorporated or Qualified
01/23/1997

4. FEI Number
59-3459034

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 the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
GRAY, DWAYNE JR
135 WEST CENTRAL BLVD
SUITE 1100
ORLANDO FL 32801

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 _____ (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	PD	1.1 TITLE	PD
NAME	WOLF, JONATHAN	1.2 NAME	Wolf, Jonathan
STREET ADDRESS	1275 LK HEATHROW LN, STE 105	1.3 STREET ADDRESS	615 Crescent Executive Court, Suite 120
CITY-ST-ZIP	HEATHROW FL 32746	1.4 CITY-ST-ZIP	Lake Mary, Florida 32746
TITLE		2.1 TITLE	D
NAME		2.2 NAME	Borck, Todd L.
STREET ADDRESS		2.3 STREET ADDRESS	615 Crescent Executive Court, Suite 120
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Lake Mary, Florida 32746
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	WOLF, JONATHAN	1.2 NAME	Wolf, Jonathan
STREET ADDRESS	1275 LK HEATHROW LN, STE 105	1.3 STREET ADDRESS	615 Crescent Executive Court, Suite 120
CITY-ST-ZIP	HEATHROW FL 32746	1.4 CITY-ST-ZIP	Lake Mary, Florida 32746
TITLE		2.1 TITLE	D
NAME		2.2 NAME	Borck, Todd L.
STREET ADDRESS		2.3 STREET ADDRESS	615 Crescent Executive Court, Suite 120
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Lake Mary, Florida 32746
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.073(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 a different like empowered.

SIGNATURE: Todd L. Borck Date: 4-14-99 Daytime Phone #: 407-333-3233

CR2E034 (1/98)