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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N11190** (8)

1. Corporation Name

WEST END MASTER MAINTENANCE, INC.



Principal Place of Business	Mailing Address
5000 NW 27 CT S-C GAINESVILLE FL 32606 US	P O BOX 147050 S-30 GAINESVILLE FL 32614-7050 US

2. Principal Place of Business	2a. Mailing Address
21 2830 NW 41 St.	26 Suite, Apt. #, etc.
22 Suite F	27 City & State
23 Gainesville, FL.	28 Zip
24 32606	25 Country
29 32606	30 Country

3. Date Incorporated or Qualified 09/19/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2779916	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
SMITH, BEVERLY K 5000 NW 27 CT S-C GAINESVILLE FL 32606	

10. Name and Address of New Registered Agent	
81 Name	Smith, Beverly K.
82 Street Address (P.O. Box Number is Not Acceptable)	2830 NW 41 St.
83 Suite F	
84 City	Gainesville, FL
85 Zip Code	32606

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 *Beverly K. Smith* (NOTE: Registered Agent signature required when reinstating) DATE **4-15-97**

12. OFFICERS AND DIRECTORS	
TITLE	STD THOMAS, BEA <input checked="" type="checkbox"/> DELETE
NAME	12219 NW 9 LANE
STREET ADDRESS	NEWBERRY FL
CITY-ST-ZIP	
TITLE	VD SHAW, JAMES W <input type="checkbox"/> DELETE
NAME	2700-D NW 43 ST
STREET ADDRESS	GAINESVILLE FL
CITY-ST-ZIP	
TITLE	PD HUGHESM JOHN <input checked="" type="checkbox"/> DELETE
NAME	1022 N.W. 125TH DRIVE
STREET ADDRESS	NEWBERRY FL
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gladin, Bill, Jr.
1.3 STREET ADDRESS	12335 NW 38 P1
1.4 CITY-ST-ZIP	Newberry, FL. 32669
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Shaffer, Jim
3.3 STREET ADDRESS	821 NW 124 Dr.
3.4 CITY-ST-ZIP	Newberry, FL. 32669
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

CR2E037 (9/96)