

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

**FILED**  
**Apr 09 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # F97000000282 (0)**

1. Corporation Name  
**WESTBRIDGE INSURANCE GROUP, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **12000 BISCAYNE BOULEVARD, SUITE 801 MIAMI FL 33181**  
 Mailing Address: **12000 BISCAYNE BOULEVARD, SUITE 801 MIAMI FL 33181**

3. Date Incorporated or Qualified  
**01/16/1997**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 <b>12000 Biscayne Blvd.</b>		26 <b>12000 Biscayne Blvd.</b>		42-1332766		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. 22 <b>Suite 217</b>		Suite, Apt. #, etc. 27 <b>Suite 217</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
City & State 23 <b>Miami, Fl</b>		City & State 28 <b>Miami, Fl</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Zip 24 <b>33181</b>	Country 25 <b>USA</b>	Zip 29 <b>33181</b>	Country 30 <b>USA</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLEVELAND, DONALD</b>	1.2 NAME	
STREET ADDRESS	<b>16711 COLLINS AVENUE, #707</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33180</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLEVELAND, STEPHAN</b>	2.2 NAME	<b>Secretary</b>
STREET ADDRESS	<b>16711 COLLINS AVENUE, #707</b>	2.3 STREET ADDRESS	<b>Cleveland, Stephan</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33180</b>	2.4 CITY-ST-ZIP	<b>921 S. Park Rd., #103 Hollywood, FL, 33021</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLEVELAND, CHRISTOPHER</b>	3.2 NAME	
STREET ADDRESS	<b>218 CRESCENT VALLEY DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. LOUIS MO 63088</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119.07(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.

SIGNATURE: *Donald S. Cleveland, Chairman, Per. 3, 1998, 305-892-1140*

CR2E034 (10/97)