

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 16, 1999 8:00 am
Secretary of State
 07-16-1999 90016 013 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F97000000282**

1. Corporation Name
WESTBRIDGE INSURANCE GROUP, INC.



Principal Place of Business 12000 BISCAYNE BOULEVARD, SUITE 801 SUITE 217 MIAMI FL 33181 US	Mailing Address 12000 BISCAYNE BOULEVARD, SUITE 801 SUITE 217 MIAMI FL 33181 US
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/16/1997	4. FEI Number 42-1332766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
---	--

9. Name and Address of Current Registered Agent
**AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	CLEVELAND, DONALD	
STREET ADDRESS	16711 COLLINS AVENUE, #707	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CLEVELAND, STEPHAN	
STREET ADDRESS	921 S. PARK RD., #103	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CLEVELAND, CHRISTOPHER	
STREET ADDRESS	218 CRESCENT VALLEY DRIVE	
CITY-ST-ZIP	ST. LOUIS MO 63088	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 L. Cleveland* **DONALD L. CLEVELAND** 7-9-99 305-892-1105

CR2E034 (5/99)

S89957-90016-13
F97000000282

Westbridge Insurance Group

Donald L. Cleveland
President
12000 Biscayne Boulevard
Suite 217
Miami, Florida 33181

Telephone 305-892-1140
Fax 305-892-1105

July 9, 1999

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sirs:

I am sending to you my 1999 annual report with the normal filing fee and certificate fee.

I have made this response, because the first annual report filing form never reached my office. When I received the present form at the beginning of this week, I called your offices to ask when the initial report form was mailed? The woman who took my call brought up my records on her computer. She found that the initial address in her computer was still Suite 801. Since we have moved from that suite over six months ago, the post office no longer honors the mail forwarding request we filed with them. So, in all probability, your first notice went to that address, but was not delivered to us.

Further, just as a matter of practice, I file all of my reports and license renewal on time. I must file corporate reports in Arizona, Iowa and Maryland in addition to Florida. All of the others were completed and sent to the states within 10-15 days of receipt. I would have done the same with Florida's had I received the forms.

Finally, I am also a licensed insurance broker and agent in 21 states. I must also respond in a timely manner to the annual renewals in each of these states. I have a special suspense file in which all license and corporate report forms are held for immediate action.

Your initial report form simply did not reach us at our current address, so, I'm petitioning you requesting that you accept the normal fees for this filing.

Sincerely Yours,



Donald L. Cleveland
President