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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name 218583 (3)

FLORIDAWEST AMERICAN, INC.

rincipat Place of Bus	aness	Mailing Address			
007-lafaveffe-07- Iarianna fl 32446	2494 INGIAN	SPAMOS	PO BOX 937 MARIANNA FL 32447-083		

FILED Apr 23 1997 8:00am Secretary of State



		Malling Address								
MARIANNA FL	18 -07- 2494 INDIAN SPA 32446	***************************************	7-0937							
U\$	7,0	US			3. Date incorporated or Qua	3. Date Incorporated or Qualified 3a. Date of Last Report				
				12/27/1958			04/30/1996			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number				ied For	
1 2496	INDIAN SPANKS Rd	26			59-6062254	.,,			Applicable	
Suite (pt. i	#. etc.	Suite, Apt. #, etc).		5. Certificate of Status Desi	red [.75 Ad		
2 / /ARIA	WARFA.	27						ee Requ		
— City & State □		City & State			6. Election Campaign Finar			.00 м		
2	Country	28 Z ₁ p	Cou	intru	Trust Fund Contribution			ded to		
21p Country 24 32446 25 03		29	'		Florida Statutes	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ▼ Yes □ No				
9. Name and Address of Current Registered Agent			1301	···		10, Name and Address of New Registered Agent				
LIAD				81 Name						
	IRISON, C.C., JR	4 . C . Sma . Jan 7.	,	20 0						
RAAD	7 eth St- <i>2496 Zay).</i> Nanna fl 32448	HN SYMMOS M	σ.	82 Stree	t Address (P.O. Box Number is Not A	cceptable)				
MAR	WOUNT IL VETTO			83	A CANADA MANAGEMENT AND				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				04 03			las I	Zip Co		
				84 City			FL 85	Zip Cc	ж	
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida S	Statutes, the al	bove-name	d corporation submits this statement f	or the purp	ose of chang	ging its	registered	
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change:	was authorized	d by the co	rporation's board of directors. I hereb	y accept th	e appointme	ent as re	gistered	
•	m famililar with, and accept the obliga	mons or, section 607.050	io, riunua stat	iules.						
SIGNATURE .	Signature, typed or printed name of registered ago	n; and tille if applicable	(NOTE Registerer	d Agent signati	re required when reinstating)		DATE			
2.	OFFICERS AND		13.		ADDITIONS/CHANGES TO	OFFICER	S AND DIRE	CTORS	IN 12	
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	HARRISON, MARIANNE	[_] DELET	2.2 N/		PO. Box 931	/A	⊭∆i ur	enge		
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I have the same legal effect as if made under oath; that 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 efficer or director of the corporation or the reviewer 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. Lam an officer or director of the corporation of appears in Block 12 or Block 13 if changed

SIGNATURE: