

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

FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90081 029 \*\*\*150.00

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PROFIT CORPORATION  
ANNUAL REPORT  
1999

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

DOCUMENT # 499011

1. Corporation Name  
WESTGATE SYSTEMS, INC.

Principal Place of Business  
3150-46TH AVENUE. N.  
ST PETERSBURG FL 33714

Mailing Address  
3150-46TH AVENUE. N.  
ST PETERSBURG FL 33714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1976

4. FEI Number

59-1663285

Applied For

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 2801 24TH ST. N.

26 2801 24TH ST. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 ST. PETERSBURG FL

28 ST. PETERSBURG FL

Zip Country

Zip Country

24 33713

25

29 33713

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'KRENT, EDGAR  
3150-46TH AVENUE. N.  
ST PETERSBURG FL 33714

81 Name

O'KRENT, EDGAR

82 Street Address (P.O. Box Number is Not Acceptable)

2801 24TH ST. N.

83

ST. PETERSBURG FL

33713

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 Edgar O'Krent EDGAR O'KRENT PRESIDENT

4/15/99

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 ☐ DELETE  
NAME ST  
STREET ADDRESS O'KRENT, MARY LOU  
CITY-ST-ZIP 1091 85TH TERR NO  
ST PETERSBURG, FL 00000

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS BUDIN, R J  
CITY-ST-ZIP 201 LEEWARD ISLAND  
CLEARWATER, FL 00000

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME OKRENT, EDGAR  
STREET ADDRESS 4801 37TH ST #716  
CITY-ST-ZIP ST. PETERSBURG FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: Edgar O'Krent REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 727-550-8717

Date

Daytime Phone #

CR2E034 (11/98)