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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

WEST, INC.

522060

(3)

FILED Mar 27 1997 8:00am Secretary of State

| Section Sect | Principal Plac 10821 LUAN/ JACKSONVIL | A DR. N. | Mailing Address 10821 LUANA DR. N. JACKSONVILLE FL 327 | 246-2432 | | |
|--|--|---|--|---|---|---|
| 2. Making Address 2. Making Address 3. Applied for 3. | | | | | · · · · · · · · · · · · · · · · · · · | |
| Sept Applies Country Cay A State C | h | lace of Business | Processing the Control of the Contro | 1 1111111111111111111111111111111111111 | 4. FEI Number | |
| 27 | 21 Suita Ard | th oto | | | 59-1710597 | |
| 28 | 22 27 | | 27 | | 5. Certificate of Status Desired | |
| Country Zip Country Zip Country Zip Country Residence Reside | ← | 0 | | | , , | |
| 25 | | Country | | Country | ····· | |
| STALNAKER, STEVEN D. 10821 LAUANA DR. N. JACKSONVILLE FL 32246 82 Street Address (F.O. Box Number is Not Acceptable) 82 Street Address (F.O. Box Number is Not Acceptable) 83 | 24 | | | 30 | | |
| 10821 LAUANA DR. N. 382 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 Orly FL 85 Zip Code Street address (P.O. Box Number is Not Acceptable) 84 Orly FL 85 Zip Code Street address (P.O. Box Number is Not Acceptable) 84 Orly FL 85 Zip Code Street address (P.O. Box Number is Not Acceptable) 85 Zip Code Street address (P.O. Box Number is Not Acceptable) 87 Zip Code Street address (P.O. Box Number is Not Acceptable) 87 Zip Code Street address (P.O. Box Number is Not Acceptable) 87 Zip Code Street address (P.O. Box Number is Not Acceptable) 87 Zip Code Zip Street address (P.O. Box Number is Not Acceptable) 87 Zip Code Zip Street address (P.O. Box Number is Not Acceptable) 27 Zip Street address (P.O. Box Number is Not Acceptable) 27 Zip Street address (P.O. Box Number is Not Acceptable) 28 Zip Code Zip Street address (P.O. Box Number is Not Acceptable) 28 Zip Code Zip Street address (P.O. Box Number is Not Acceptable) 28 Zip Code Zip Street address (P.O. Box Number is Not Acceptable) 28 Zip Code Zip Street address (P.O. Box Number is Not Acceptable) 28 Zip Code Zip Street address (P.O. Box Number is Not Acceptable) 28 Zip Code Zip Street address (P.O. Box Number is Not Acceptable) 28 Zip Code Zip Street address (P.O. Box Number is Not Acceptable) 28 Zip Code Zip Street address (P.O. Box Number is Not Acceptable) 28 Zip Code Zip Street address (P.O. Box Number is Not Acceptable) 28 Zip Code Zip Street address (P.O. Box Number is Not Acceptable Zip Street address Zip Street addr | | | nt Registered Agent | | 10. Name and Address of New Re | gistered Agent |
| STALINAKER, VIVAN 10821 LUANA DR. N. 13 STREET ADRESS 17 TILE | | | | 81 Name | | |
| 11. Furnament to true processor of Sections COT 05/02 and 607 1500. Florida Statutes. The above named corporation's board of directors. I hereby accept the purpose of changing its registered again. Ce both, in the State of Biorda. Such change was authorized by the corporation's board of directors. I hereby accept the purpose of changing its registered added or not gletter than are well, and accept the obligations of, Section 607 6505. Florida Statutes. STANATURE | | | | 82 Street | Address (P.O. Box Number is Not Acceptal | ole) |
| Processor December December | | | | 83 | | |
| Processor December December | | | | 84 City | | |
| SIGNATURE | 1 14 4 1 17 17 17 17 17 17 17 17 17 17 17 17 1 | | 20 - 1007 4500 50 11 00 | | | FL |
| SIGNATURE Signate to predictions of injuncted agent and and sharphaseal Register or required when reinstating) RATE | l ource est | ug sigreo agent, or born, in the state | a or Fronda. Such change was | s authorized by the corp | corporation submits this statement for the poration's board of directors. I hereby acce | ourpose of changing its registered pt the appointment as registered |
| Signature Sign | | ан таппаат wim, ала авсерстве обт <u>о</u> | jations of, Section 607.0505, (| ·lorida Statutes. | | |
| TOTE | SIGNATURE | Signatine, typed or printed name of registrood ag | ent and icle if applicable (NC | DIE Registered Agent signature | required when reinstating) | DATE |
| STALNAKER, VIVAN 12 NAME 13 STRET ADDRESS 10821 LUANA DR. N. 13 STRET ADDRESS 14 OITY-SI-ZIP | 12. | | | 13. | ADDITIONS/CHANGES TO OFFIC | CERS AND DIRECTORS IN 12 |
| 10821 LUANA DR. N. | | | L DELETE | 1.1 TITLE | | Change Addition |
| DELETE 14 CITY-ST-ZIP DELETE 14 CITY-ST-ZIP DELETE 21 TITLE DELETE Addition Addit | | | | | | |
| PTD | | | | | | |
| NAME STALNAKER, STEVEN D 10821 LUANA DR. N. 23 STREET ADDRESS | | | TV: CTT | | | |
| 10821 LUANA DR. N. JACKSONVILLE FL 2.4 CITY-ST-ZIP | | | r" Nereit | | | L Change L Addition |
| City St 7tP | | | | | | |
| THE | | | | | | |
| NAME | | | DELETE | | | Change Addition |
| STREET ADDRESS STRE | NAML | | | | • | |
| DELETE | STREED ADDRESS | | | 3.3 STREET ADDRESS | | |
| NAME | CHY-51-7IP | | | 3.4. CITY-ST-2IP | | |
| STREET ADDRESS | TILLE | | ☐ DELETE | 4.1 TITLE | | Change Addition |
| A CITY ST ZIP | NAME | | | 4. 2 NAME | | |
| TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME | | | | 4.3 STREET ADDRESS | | |
| NAME | | | Lociere | | | |
| | | | LJ SELETE | | | L Change Addition |
| | | | | | | • |
| TILE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS | | | | | | |
| NAME 5.1HET LARRENS 6.2 NAME 6.3 STREET ADDRESS | | | T heiete | ******* | | Charter |
| STREET ADDRESS 63 STREET ADDRESS | | | ☐ nerrit | | | L Unange L Addition |
| | | | | | | |
| | CITA-ST-7.5 | | | 63 STREET ADDRESS 64 CITY-ST-ZIP | | |

14. If 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 ginuial 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 in floor 301 changes, but on any attachment with an address.

SIGNATURE:

GNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

24 Mar 97 904 645-9787