

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

FILED

Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 583185 (4)
1. Corporation Name
WESTERN HEMISPHERE SALES, INC.



Principal Place of Business
1800 US HIGHWAY 10
HOLIDAY FL 34601

Mailing Address
1800 US HIGHWAY 10
HOLIDAY FL 34601

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2535 SUCCESS DR Suite, Apt. #, etc. 22 City & State 23 ODESSA FL Zip 24 33556		2a. Mailing Address 26 2535 SUCCESS DR Suite, Apt. #, etc. 27 City & State 28 ODESSA FL Zip 29 33556		3. Date Incorporated or Qualified 08/23/1978	
4. FEI Number 59-1851193		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. 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		8. Name and Address of Current Registered Agent BAKER, RICHARD W. 1800 U.S. HWY #10 HOLIDAY FL 34601			
9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code		10. Name and Address of New Registered Agent RICHARD W BAKER 2535 SUCCESS DR ODESSA FL 33556			

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 *R.W. Baker* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SPEER, RICHARD M. 1800 U.S. HWY #10 HOLIDAY FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/D RICHARD M SPEER 2535 SUCCESS DR ODESSA FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD SPEER, LISA L 1800 US HWY 10 HOLIDAY FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V LISA L SCHERER 2535 SUCCESS DR ODESSA FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BAKER, RICHARD W. 1800 US HWY 10 HOLIDAY FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S/T/D RICHARD W BAKER 2535 SUCCESS DR ODESSA FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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: *R.W. Baker*

CR2E034 (10/97)